

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alexander Armstrong		Town		County		MARYLAND	
Died at		Hagerstown		Wash.			
Date of death		1905	Month 10	Day 27	Age 57	Years 10	Months 22
Sex male		Color or Race white		Birth-place Md.			
Occupation Lawyer		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife		Frances Key Scott Armstrong			
Father's Name Alexander Armstrong		Father's Birthplace Md					
Mother's Maiden Name Susan Hammond		Mother's Birthplace "					
Name of person giving information Alex Armstrong Jr.		How related to deceased		son			

CAUSES OF DEATH

Primary

Paralysis

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

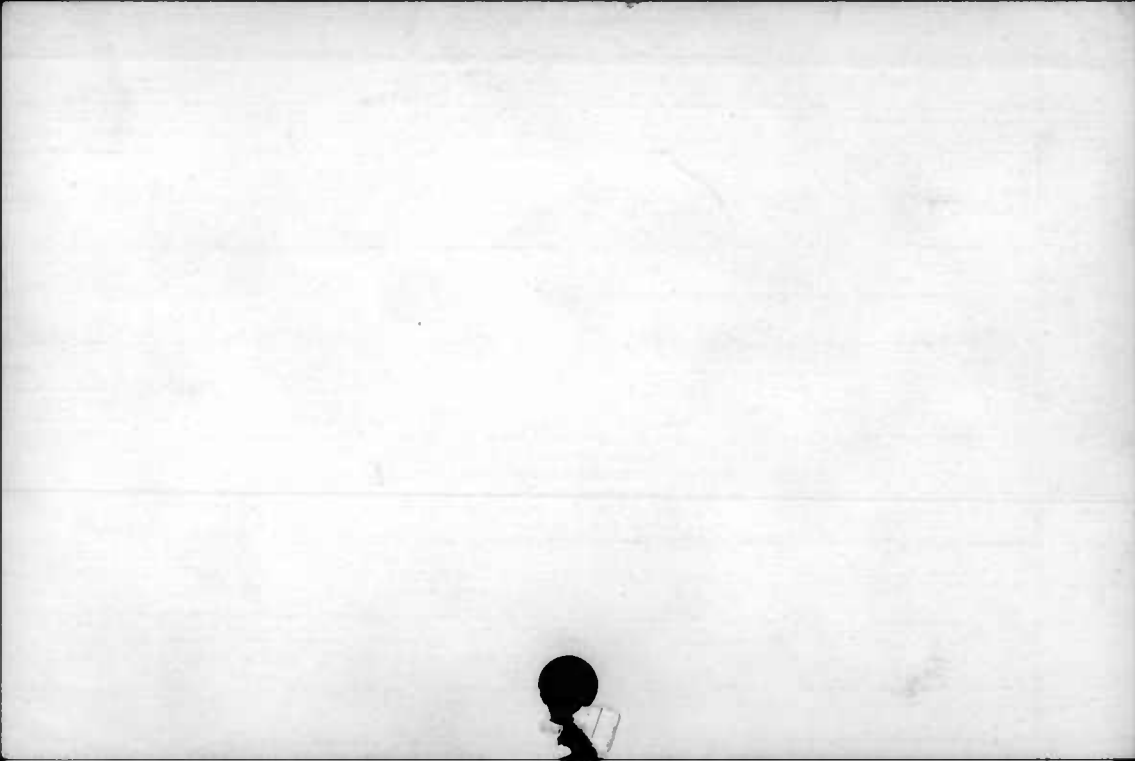
Yes

Signature of Physician

Address

J M Reed
Hagerstown

Accident or Suicide?



Name
in
Full

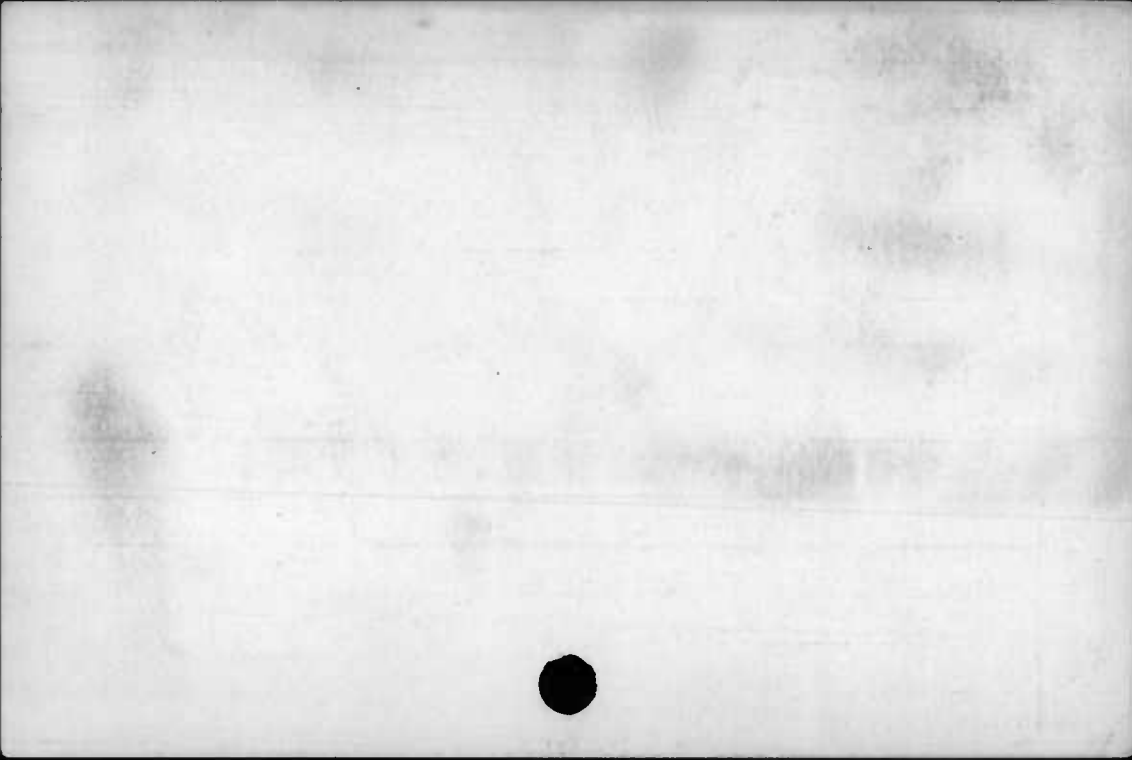
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1905	Month	10	Day	23
Age	25	Years	11	Months	29
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death <u>Maurice Arnsparger</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Alexandra Miller</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Annie M. Broctor</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>Alex Miller</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

Primary	<u>Pneumonia Pulmonalis</u>	How long	<u>6 Mos.</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician	<u>W.B. Morrison</u>
		Address	<u>Hagerstown Md.</u>
Accident or Suicide? <u>No</u>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Douglasville ^{Town} Mash ^{County}Date of death 1905 ^{Month} Oct ^{Day} 18 ^{Years} Age Months 10 ^{Days} minSex Male Color or Race White Birth-place Douglasville

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____Father's Name Oscar M. Artz Father's Birthplace Mash. Co. Md.Mother's Maiden Name Nannie M. Ridenour Mother's Birthplace " "Name of person giving Information Oscar M. Artz How related to deceased Father

CAUSES OF DEATH

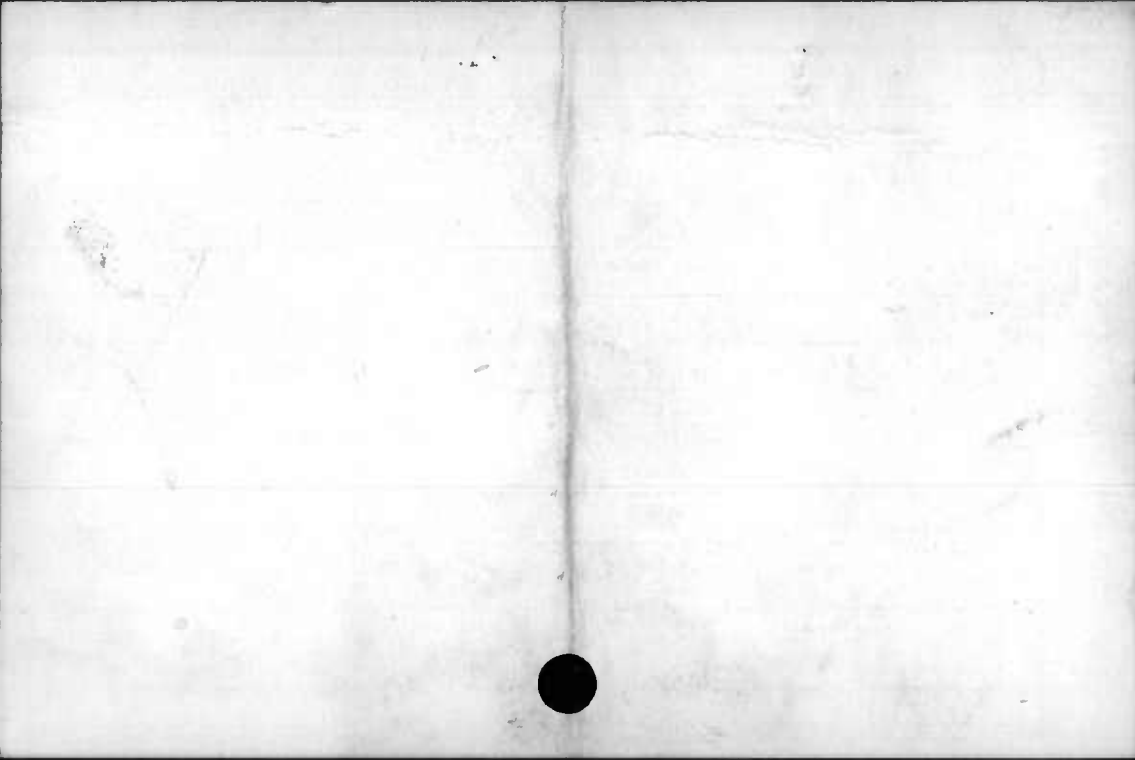
Primary Debility (15) How long _____
Immediate _____ How long _____Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

V. M. Reichard
Fairplay.

Accident or Suicide? _____



Name
in
Full

Maria V Barnum

CERTIFICATE OF DEATH

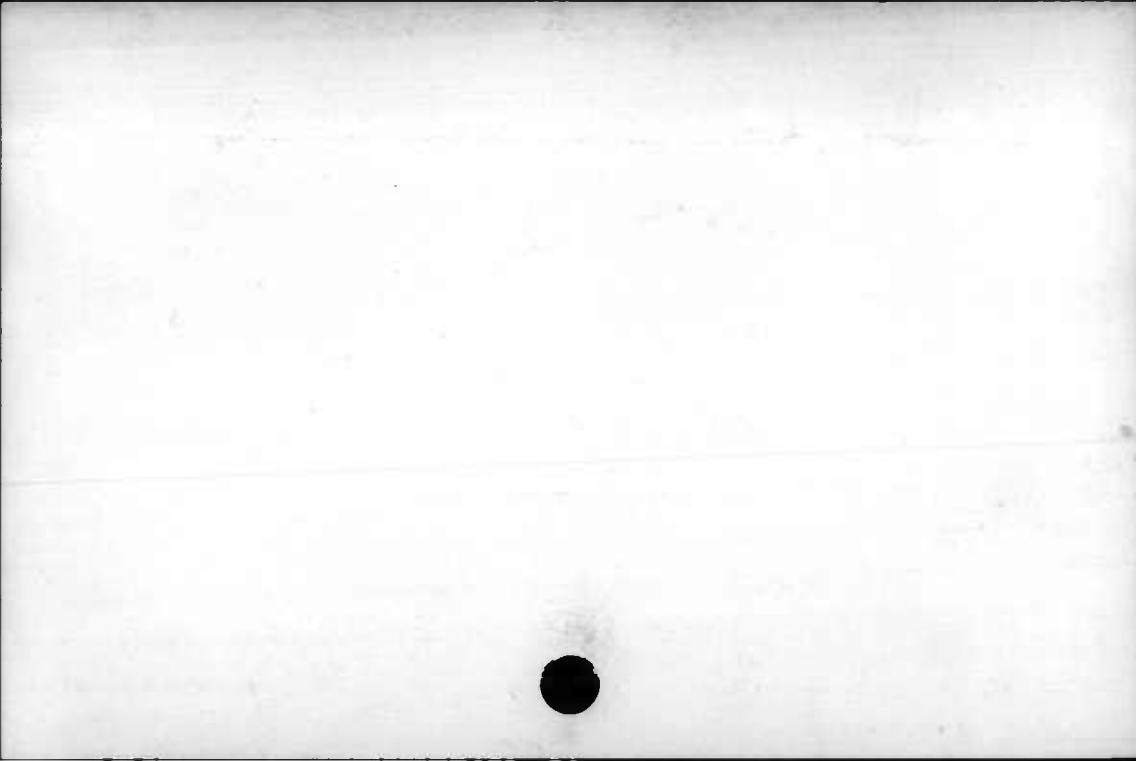
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St James</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Oct</i> ^{Month}	<i>9</i> ^{Day}	Age <i>19</i> ^{Years}	<i>3</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Collard</i>		Birth-place <i>Spealman</i>		
Occupation <i>House work</i>		Where Residing if not at place of death <i>St James</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Charles Barnum</i>	Father's Birthplace <i>Washington</i>				
Mother's Maiden Name <i>Lutina Warfield</i>	Mother's Birthplace <i>Wesmont</i>				
Name of person giving information <i>Grace Warfield</i>		How related to deceased <i>Grand Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Laryngeal</i>	How long <i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. M. Reichard</i>
	Address <i>Fairplay</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Benj. F. Beck</i>		Town <i>Hagerstown</i>		County <i>Wheeler</i>		MARYLAND	
Died at		Month <i>10</i>		Day <i>13</i>		Age <i>74</i>	
Date of death <i>1905</i>		Months <i>8</i>		Years		Days <i>2</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>Retired Lumber Dealer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Sophia Beck.</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>J. F. S. Beck</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

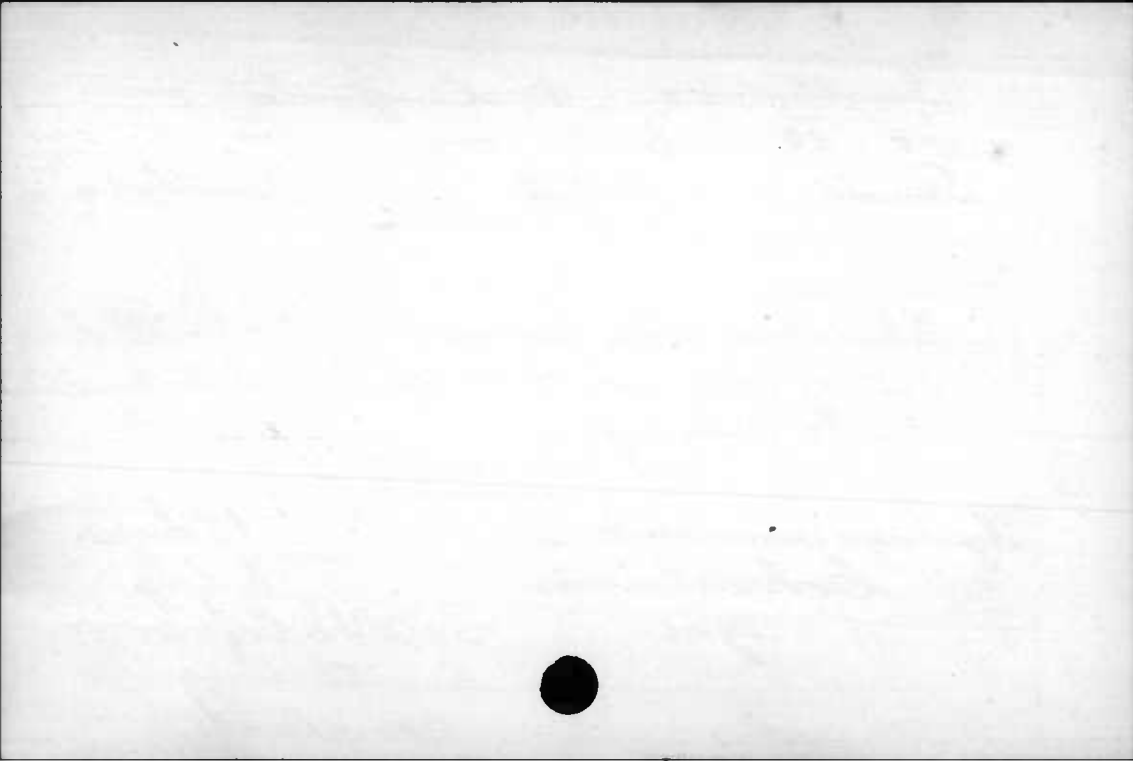
yes

Signature of Physician

Address

A. P. Stauffer
Hagerstown
Md.

Accident or Suicide?



Name
in
Full

Eva. Hurretta Brown.

CERTIFICATE OF DEATH

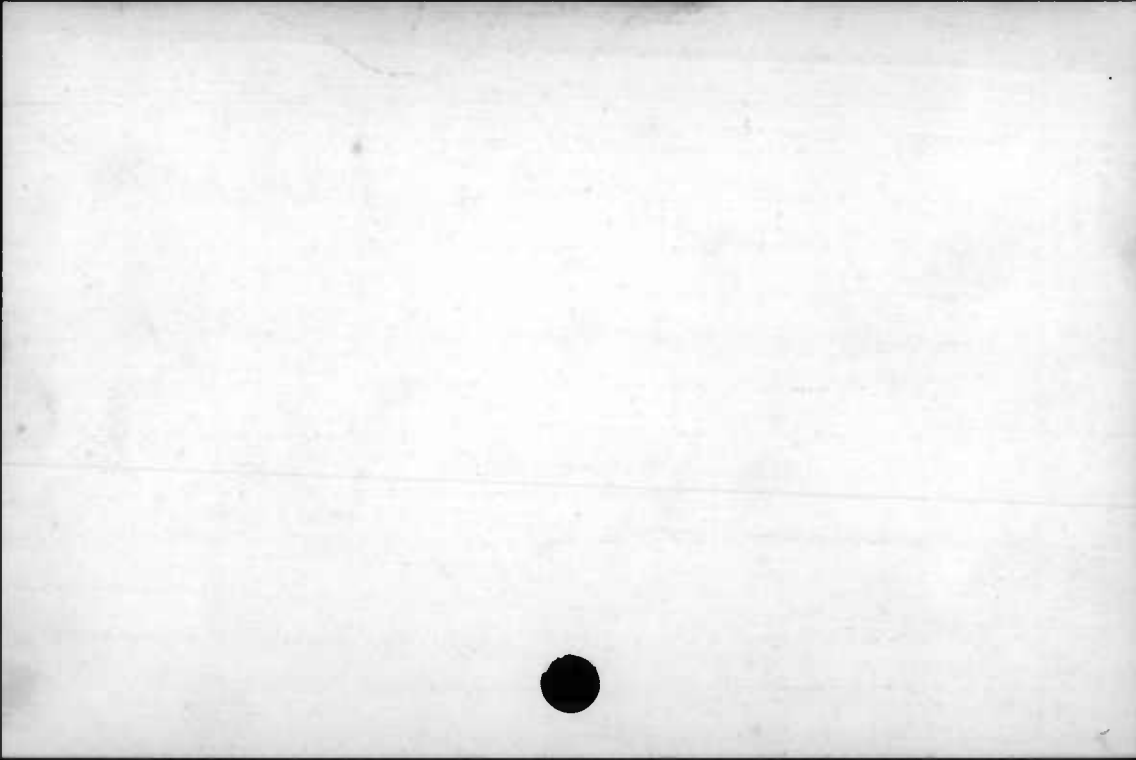
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i> ^{Town}		<i>Washington Co.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married ; Single <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Rheuban Alva Brown</i>			Father's Birthplace <i>Smithsburg</i>		
Mother's Maiden Name <i>May Magdalena Harbaugh</i>			Mother's Birthplace <i>Sabillasville</i>		
Name of person giving information <i>Dr M. W. Kefauver</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Syngis myelocle</i>	How long <i>15 days.</i>
Immediate <i>convulsions</i>	How long <i>2 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr M. W. Kefauver</i>
	Address <i>Smithsburg</i>
	<i>Maryland.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Hattie D Buzzard

CERTIFICATE OF DEATH

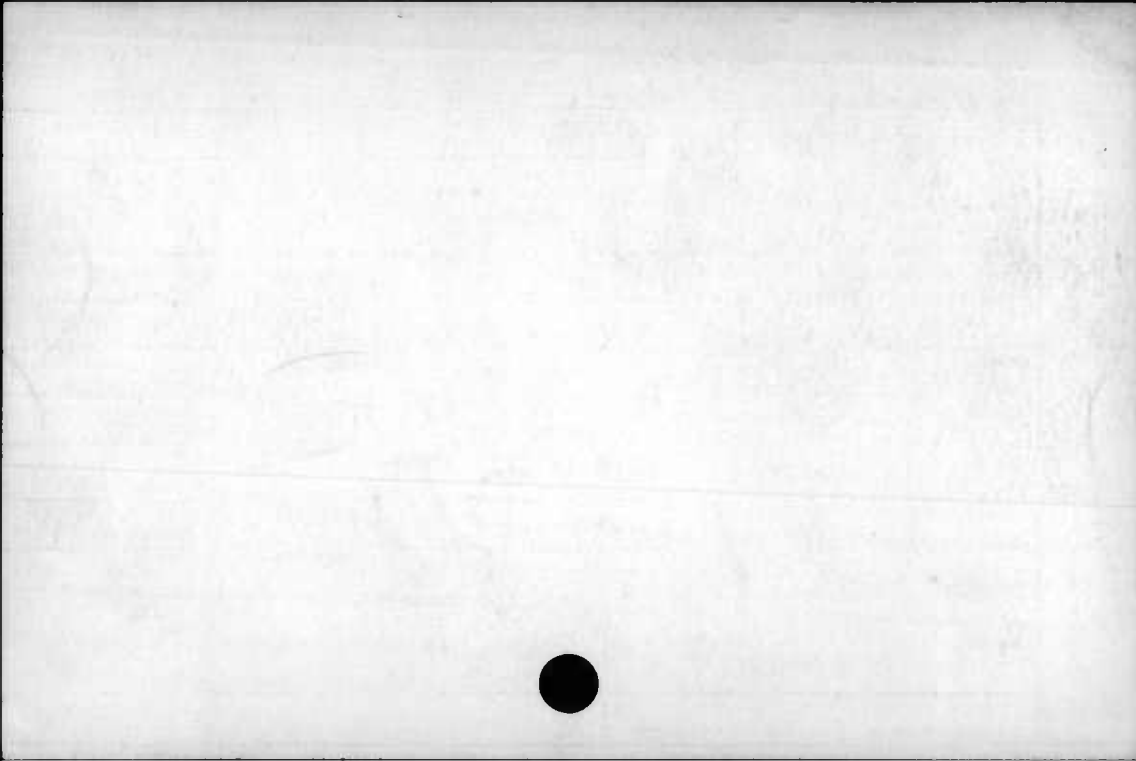
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town} <i>FRB 10</i> ^{County} <i>Wash</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>10</i>	Day <i>29</i>	Age <i>✓</i> Years Months <i>✓</i> Days <i>8 wks</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hg's FRB 10</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>✓</i>		
Name of Wife or Husband <i>✓</i>			
Father's Name <i>Charles D Buzzard</i>		Father's Birthplace <i>Smithburg, Md.</i>	
Mother's Maiden Name <i>Hattie Betty</i>		Mother's Birthplace <i>As not known</i>	
Name of person giving information <i>Wm E Buzzard</i>		How related to deceased <i>Uncle</i>	

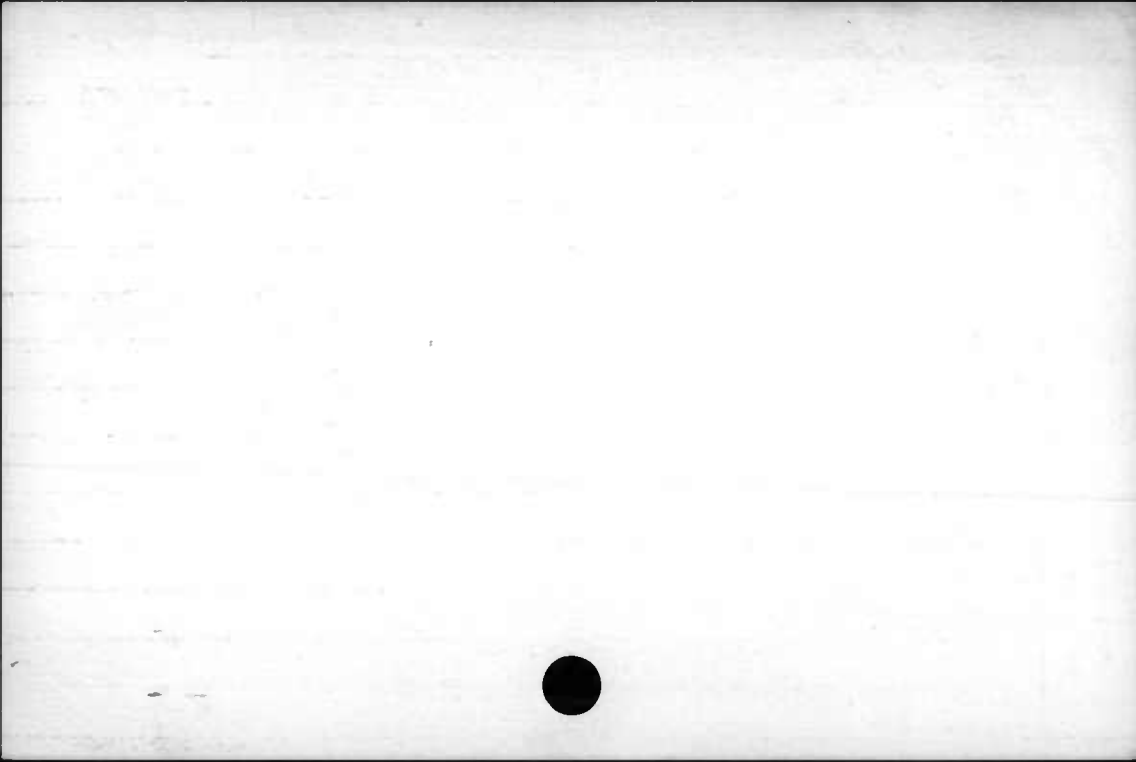
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i> <i>(5)</i>	How long <i>Since birth</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Miller</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>✓</i>	



Name in Full <i>William C. Carter</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hancock</i> Town <i>Washington</i> County	MARYLAND	
	Date of death <i>1905</i> Month <i>October</i> Day <i>3rd</i> Friday Age <i>44</i> Years	Months	Days
	Sex <i>male</i> Color or Race <i>white</i>	Birth-place <i>Hancock</i>	
	Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Hancock</i>	
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband	
	Father's Name <i>Thomas Miles Carter</i>	Father's Birthplace <i>Virginia</i>	
	Mother's Maiden Name <i>Catharine Bridger</i>	Mother's Birthplace <i>Hancock</i>	
Name of person giving information <i>Frank Beard</i>	How related to deceased <i>none</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	How long	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Accident or Suicide?	Address	



CERTIFICATE OF DEATH

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>27</i>	Age <i>50</i>	Months <i>9</i>	Years <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Brick Maker</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Anna Chrissinger</i>				
Father's Name <i>Emanuel Chrissinger</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary a Creek</i>	Mother's Birthplace <i>Penn</i>				
Name of person giving information <i>E. Chrissinger</i>	How related to deceased <i>brother</i>				

CAUSES OF DEATH

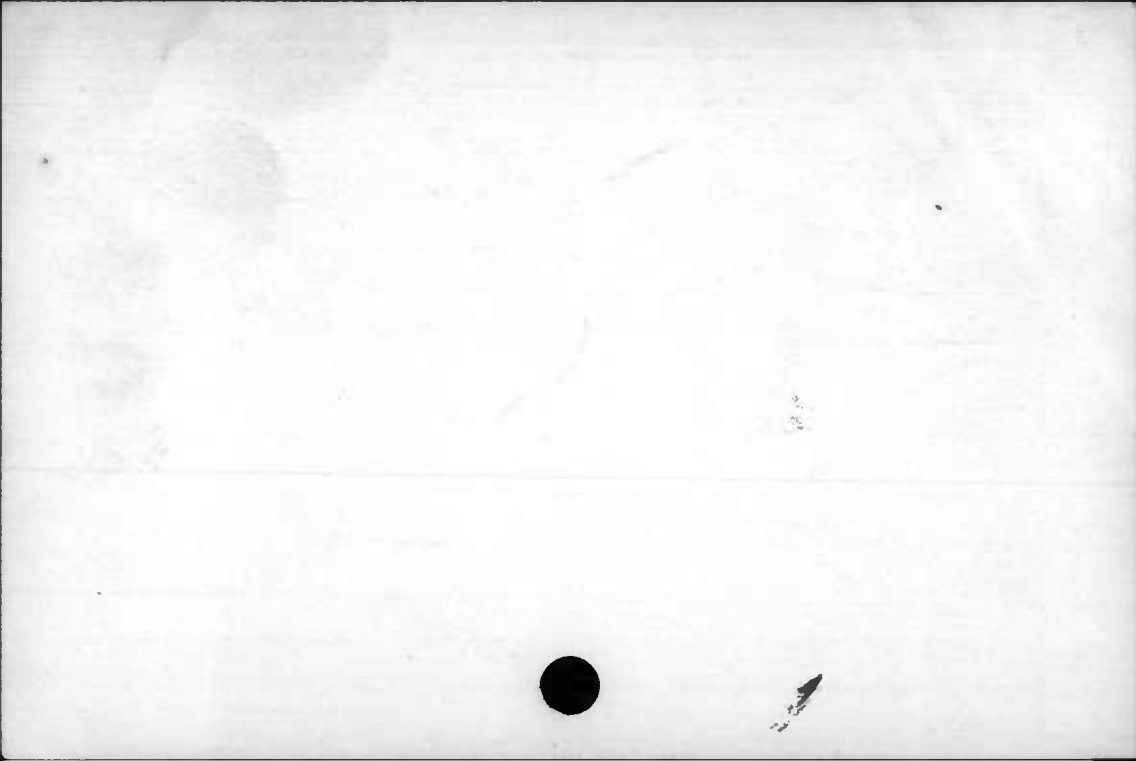
Primary	Acute Anger Management	How long
Immediate		How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician _____

Address

Accident or Suicide?



Name
in
Full

Joseph Corby

No 268

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Williamport* Town*Washington* CountyDate of death *1905 Oct 15*

Day

Age *45* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Wmport*Occupation *R R Conductor*

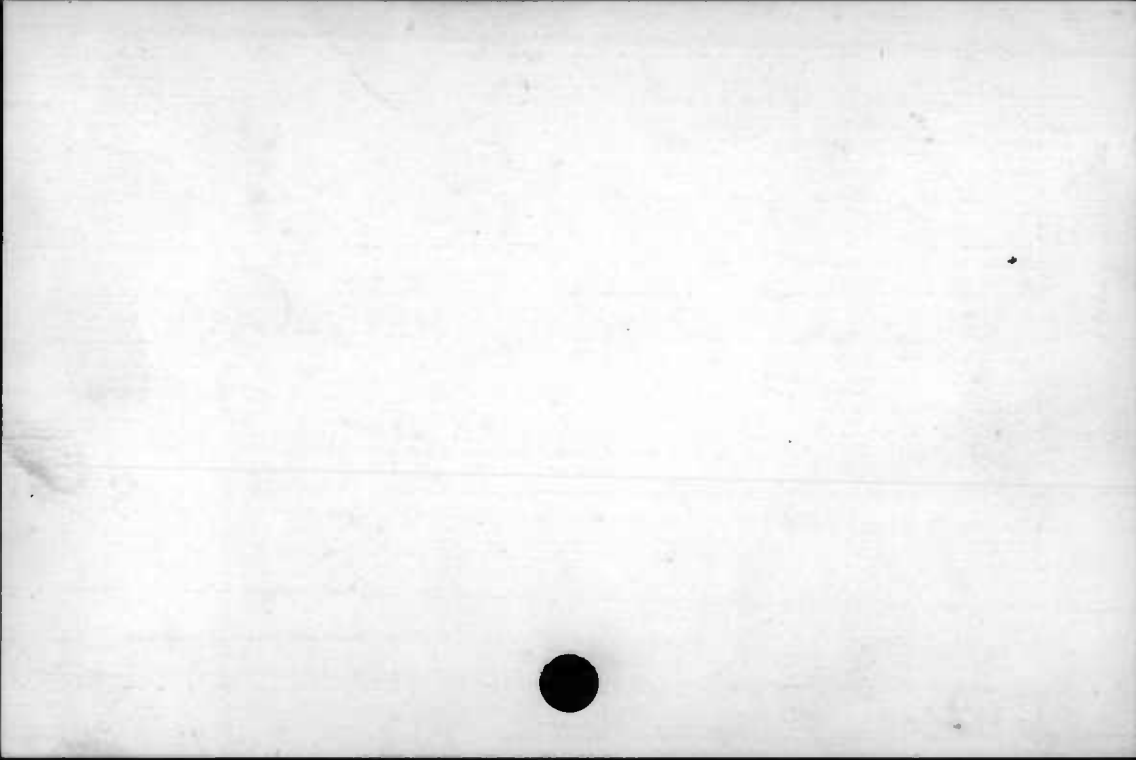
Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Laura Tice*Father's Name *John W Corby*Father's Birthplace *Wmport*Mother's Maiden Name *Alpha Arts*Mother's Birthplace *It*Name of person giving information *J J Kups*How related to deceased *Underwriter*

CAUSES OF DEATH

Primary *Dysentery Fever*How long *2000 hrs*Immediate *Exhaustion*How long *one day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *A K Brinely*Address *Williamport Md*

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

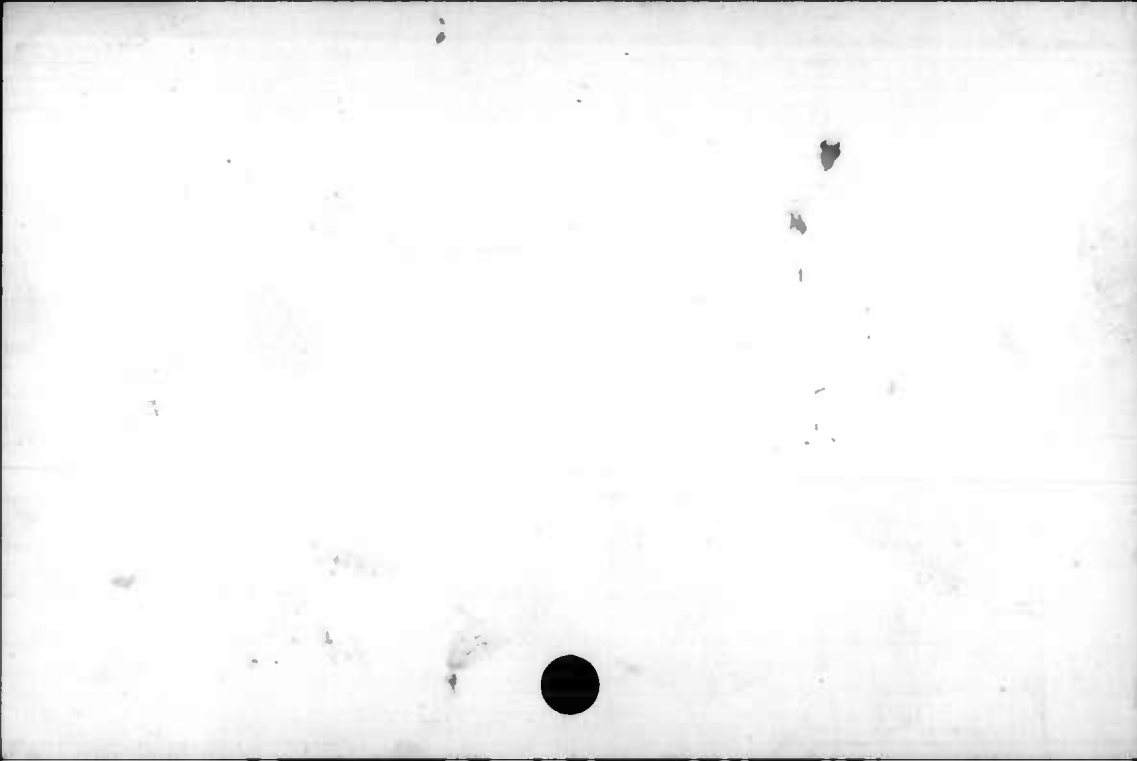
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownsville</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1905	Month	10	Day	19
Age	73	Years	11	Months	14
Sex	Male	Color or Race	White	Birth-place	Mo
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <i>Susan Deener</i>		
Father's Name	<i>Samuel Deener</i>		Father's Birthplace <i>Mo</i>		
Mother's Maiden Name	<i>Mary Himes</i>		Mother's Birthplace <i>"</i>		
Name of person giving Information	<i>Joseph Deener</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i> (154)	How long	<i>6 months</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Yonker</i>	
<i>Yes</i>		Address <i>Brownsville Mo</i>	
Accident or Suicide?			



Name
in
Full

Montrealville, J. Draper 266

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamport		County Washington		MARYLAND	
Date of death 1905	Month 10	Day 10	Age 78	Years	Months 8	Days 26	
Sex Male	Color or Race White		Birth- place Clear Spring				
Married, Single or Widowed Widower		Occupation Farmer					
Name of Wife or Husband Catharine Spresker							
Father's Name Thomas Draper		Father's Birthplace					
Mother's Maiden Name Mary Gimmerner		Mother's Birthplace					
Name of person giving In formation August E. S. Hurd		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Infective Endocarditis.	How long Two years
Immediate Exhaustion	How long Two weeks
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician J. D. Hart
	Address Williamport - Md
Accident or Suicide?	

Interment at
St Pauls Cemetery
J. Mc Miller F. & D.

Name
in
Full

Bivorn L. Dunn.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1905	Month	10	Day	20
Age		Years	1	Months	1
Sex	male	Color or Race	white	Birth-place	Md.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary	<i>Meningitis</i>	How long	<i>three weeks</i>
Immediate	<i>Meningitis</i>	How long	<i>three weeks</i>

Are the name, age, sex, color, date and place correctly given above?

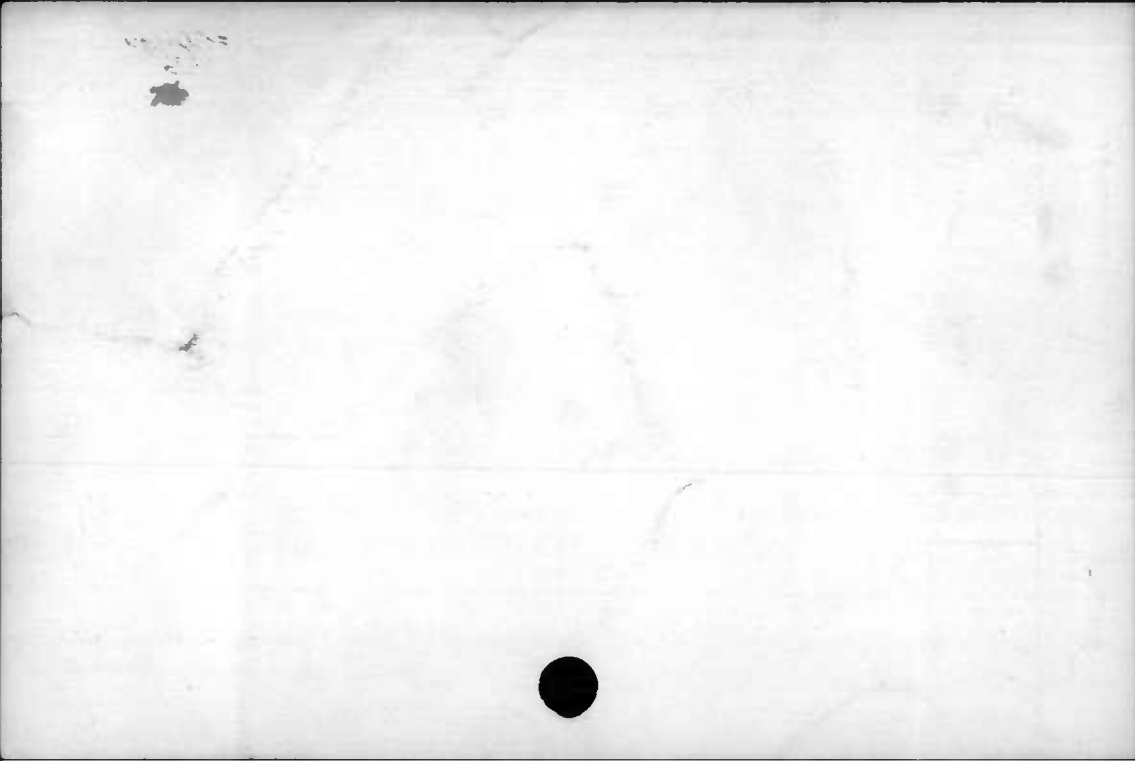
Yes

Signature of Physician

Address

Chas. D. Boylston M.D.
Hagerstown Md.

Accident or Suicide?



CERTIFICATE OF DEATH

Mary Elizabeth Foxenberger

Died at

Town

Hagerstown

County

Washington

MARYLAND

Date _____

Month

Day

Years

Months

Days

of death 1905-

10

22

Age

8.3

✓

15

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of ~~husband~~
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

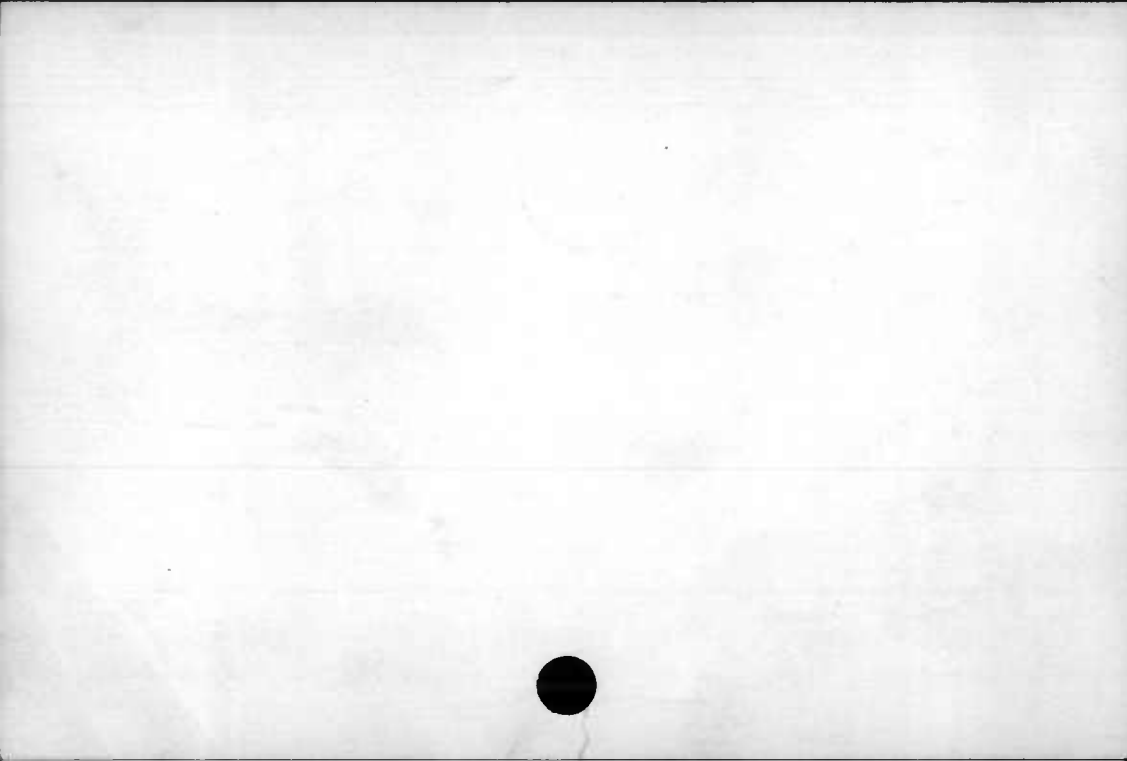
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

~~Accident or Suicide?~~



Name
In
Full

Leeroy French

CERTIFICATE OF DEATH

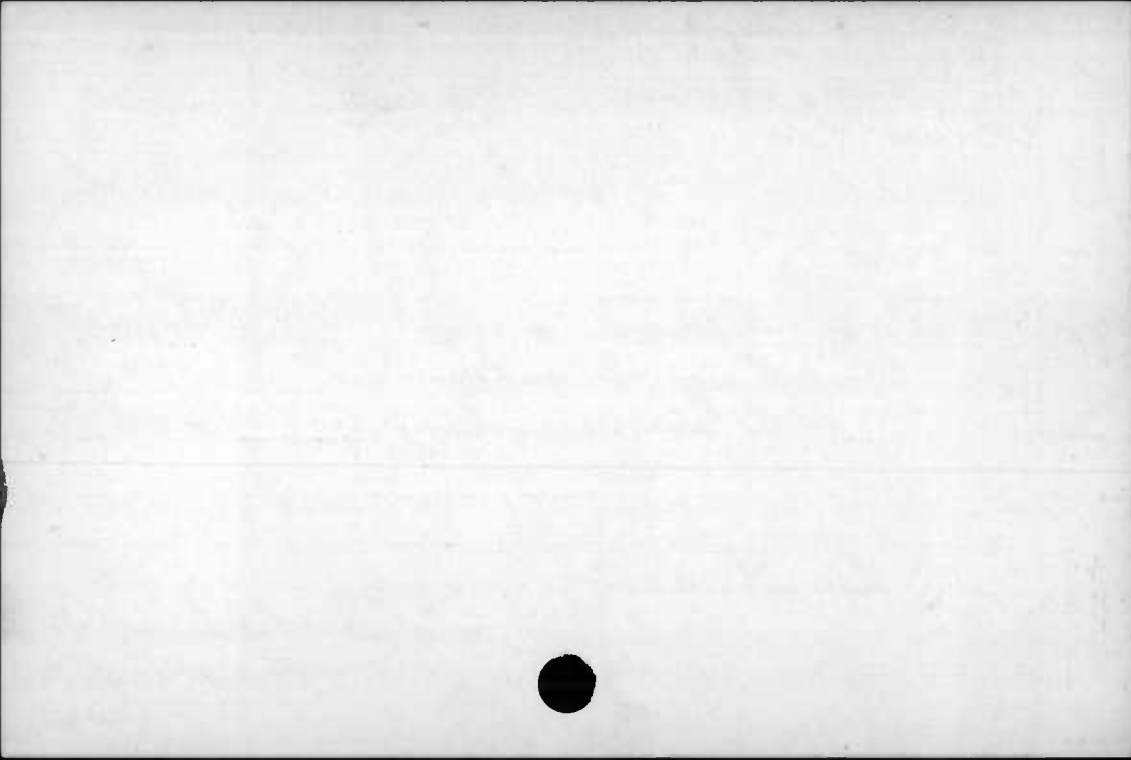
TO BE ANSWERED BY
NEAREST FRIEND

Died at Ernstville <small>Town</small>		Wash <small>County</small>		MARYLAND	
Date of death 1905 Oct 1		Age 6 days		Months	Days
Sex Male		Color or Race White		Birth-place Ernstville	
Occupation Infant		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Geo C French		Father's Birthplace Ernstville			
Mother's Maiden Name Ann Manning		Mother's Birthplace			
Name of person giving information Father		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Weak from heart	How long
Immediate	Asthma	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Frantz Bros		Address
Accident or Suicide? Undertakers		



Name
in
Full

Emory Dale Garmong

CERTIFICATE OF DEATH

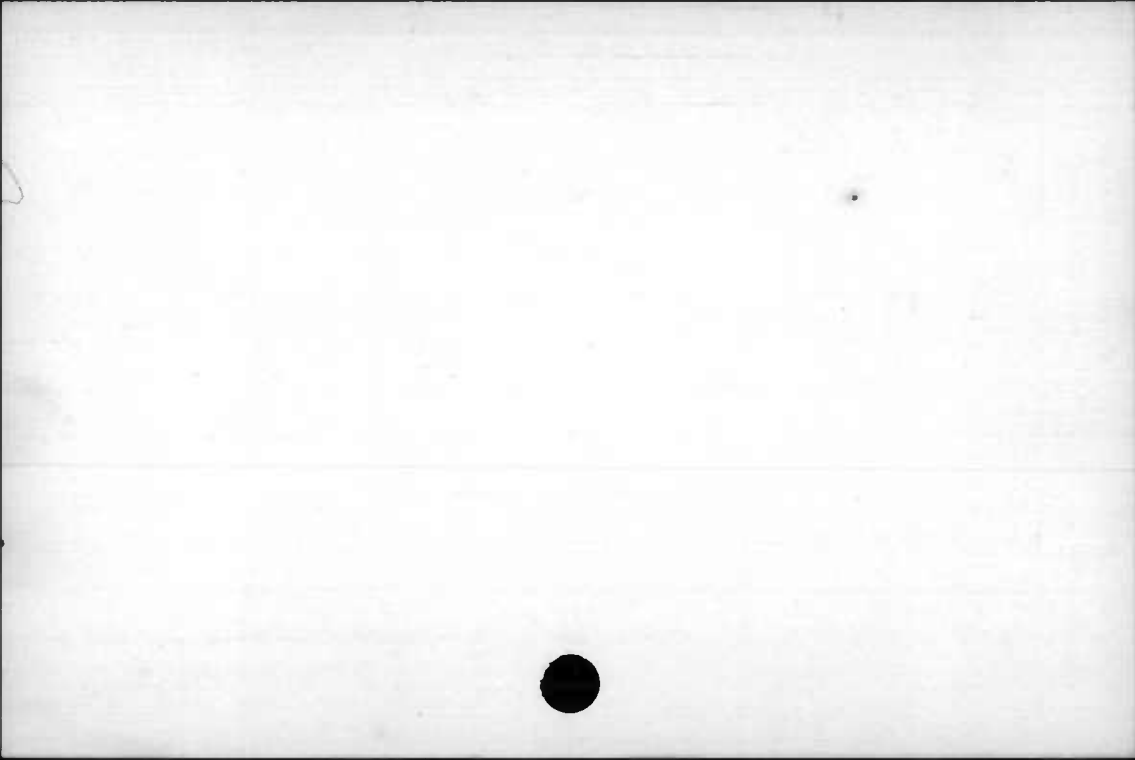
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Wash.		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death	1905	10	12	Age	8	2	
Sex	male		Color or Race	white		Birth-place	Ind.
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	O. E. Garmong				Father's Birthplace	Penn.	
Mother's Maiden Name	Emeline Strite				Mother's Birthplace	Ind.	
Name of person giving information	O E Garmong				How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	Address
Chas B Boyle	
Hagerstown	
Ind.	
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

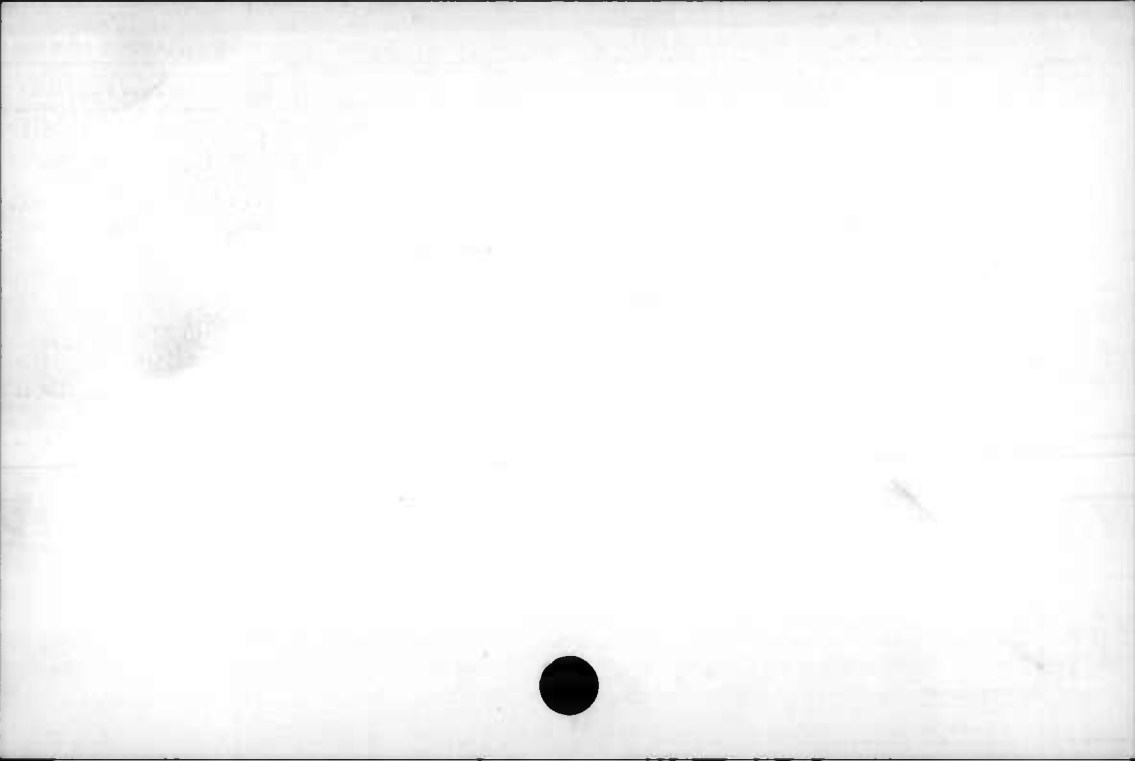
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Oct.	12	27			
Sex		Color or Race		Birth-place			
Male		White		Ireland			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Unknown				Father's Birthplace	
Mother's Maiden Name		Unknown				Mother's Birthplace	
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Run over by Car	How long
Immediate	"	How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician
		Address
		Dr. H. C. Foster
		Chesapeake
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wilson</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>8</i>	Years <i>27</i>	Months <i>7</i>	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wilson</i>		
Occupation <i>Daughter of Household</i>	Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>David McGrover</i>	Father's Birthplace <i>Wilson</i>				
Mother's Maiden Name <i>Regina C. Stech</i>	Mother's Birthplace <i>Fulton Co Pa</i>				
Name of person giving information <i>David McGrover</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Throat & Lungs</i>	How long <i>Six months</i>
Immediate <i>Heart Failure</i>	How long <i>One Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Perry</i>
	Address <i>Clearspring Md.</i>
Accident or Suicide?	

2,30

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

CAUSES OF DEATH

LIBRARY BUENOS AIRES 10

St. Pauls

Name
in
Full

David Hoover

CERTIFICATE OF DEATH

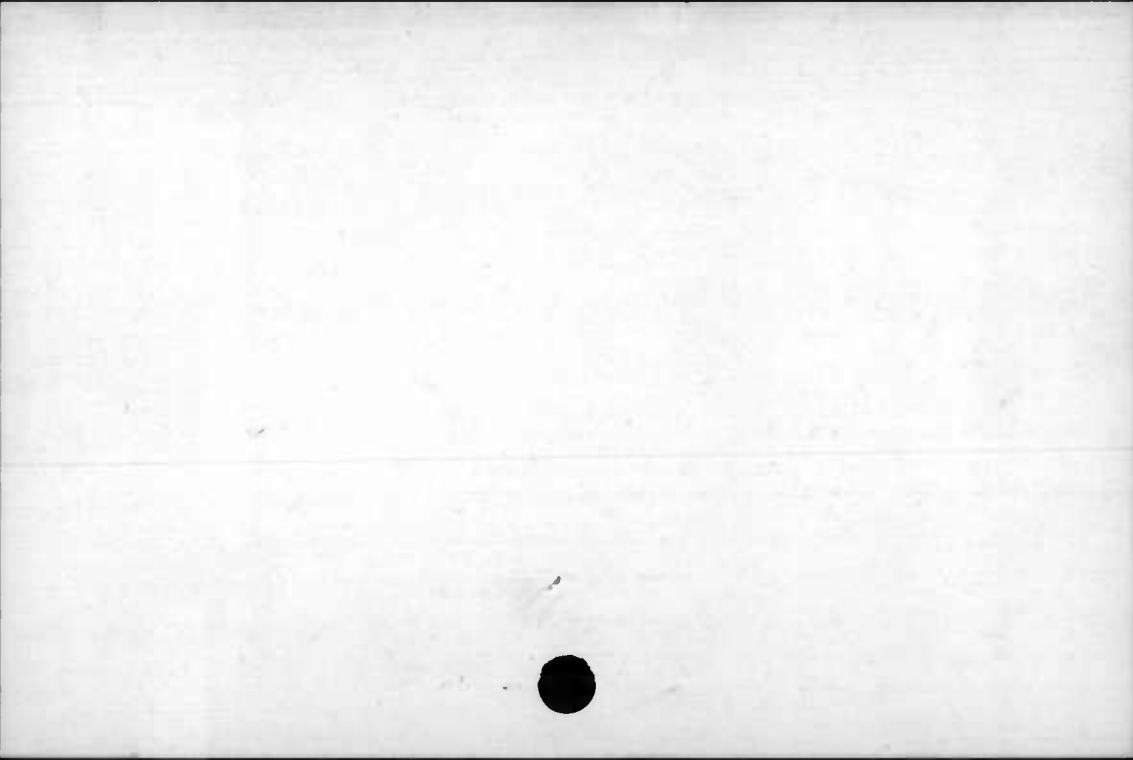
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Cove town</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>11</i>	Age <i>60</i>	Years <i>7</i>	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>" " "</i>				
Married, Single or Widowed	Name of Wife or Husband <i>David Hoover</i>				
Father's Name <i>David Hoover</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Elizabeth Zentmyer</i>	Mother's Birthplace <i>Herrington Pa</i>				
Name of person giving Information <i>Emma Hoover</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsy & Heart Failure</i>	How long <i>3 months</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Geo. B. Hoover Undertaker</i>
		Address <i>Smithsburg Md.</i>
Accident or Suicide?		



Name

in
Full

Infant of David Hosen

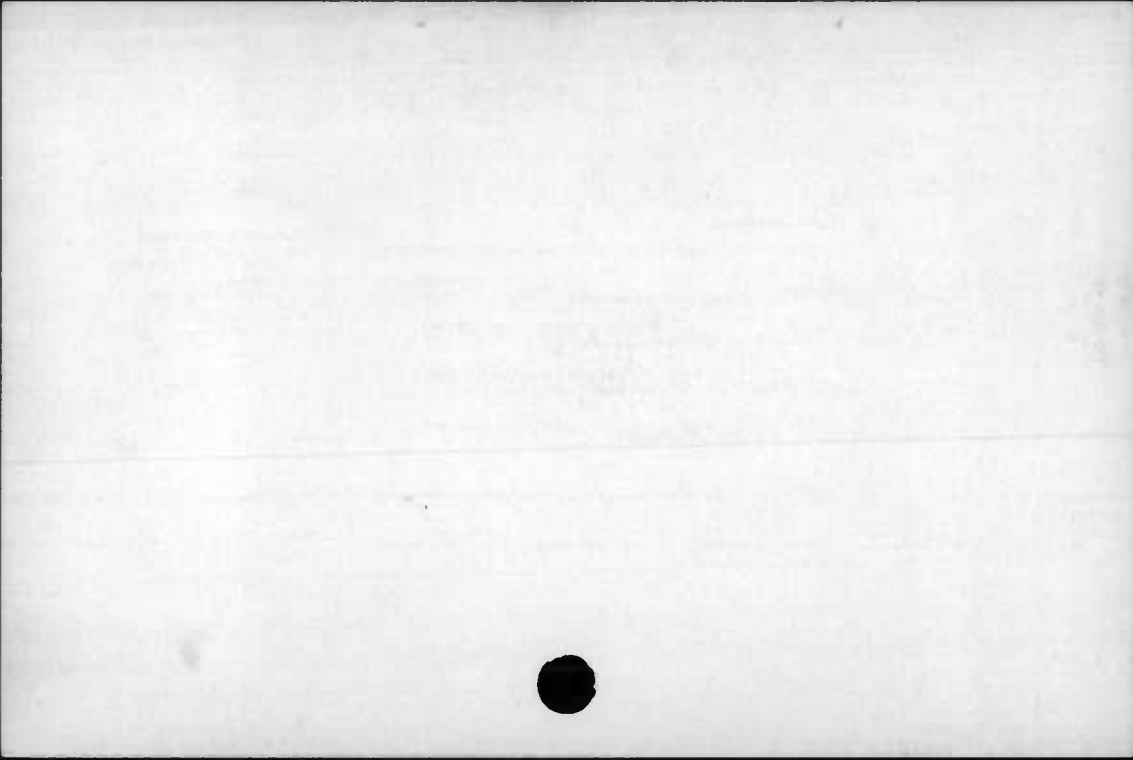
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dry Run</i> ^{Town}		<i>Trach</i> ^{County}		MARYLAND	
Date of death <i>1903</i> ^{Month} <i>Oct</i> ^{Day} <i>3</i>		Age <i>—</i> ^{Years}		Months <i>—</i> Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dry Run</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>David Hosen</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Jane Rubenck</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>David Hosen</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary	<i>Heart Failure</i>	How long	<i>2 days</i>
Immediate		How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. O. Perry</i>	
		Address <i>Clearspring Md</i>	
Accident or Suicide <i>—</i>			



Name in Full		Garfield Ingram				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Keargan ^{Town}		Washington ^{County}		MARYLAND		
	Date of death	1905	Month Oct	Day 8	Age Years	Months 6	Days 4	
	Sex	male		Color or Race	white		Birth- place	Keargan
	Occupation	_____			Where Residing if not at place of death			_____
	Married, Single or Widowed	Single		Name of Wife or Husband				_____
	Father's Name	George Ingram				Father's Birthplace	Keargan	
	Mother's Maiden Name	Stella Johnson				Mother's Birthplace	" "	
	Name of person giving information	Charles Ingram				How related to deceased	Uncle	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Cerebrius				How long	3 days	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		E. M. G. Smith		
				Address		Shaw's Bluff, Ind.		
	Accident or Suicide?							

Eugene Marker
Undertaker

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Walter Webster Knight-

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Oct	27			2	15
Sex		Color or Race		Birth-place			
Male		White		Heargan			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John C. Knight				Heargan			
Mother's Maiden Name				Mother's Birthplace			
Mary Helen Crumpton				Antietam			
Name of person giving information				How related to deceased			
John C. Knight				Father			

CAUSES OF DEATH

Primary

Malnutrition

How long

About 2 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

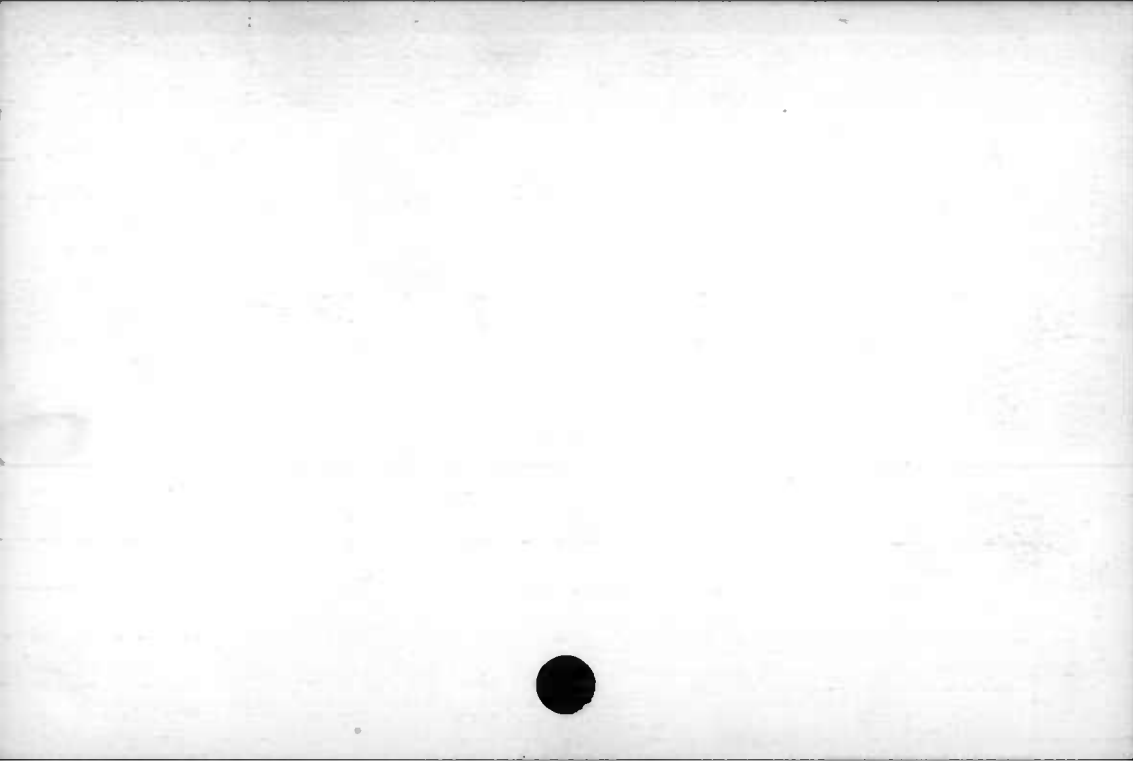
Signature of Physician

Address

Accident or Suicide?

151

E. M. Gantt
Shenandoah, Ind.



Name
in
Full

Anna Louise Lawver

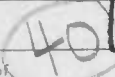
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1904</i>	Month <i>10</i>	Day <i>12</i>	Age <i>69</i>	Years <i>9</i> Months <i>4</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Elliott Lawver</i>			
Father's Name <i>John Brugunier</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Susan Cook</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mrs Benjamin King</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Liver</i>		How long	<i>Several months</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<div style="text-align: center;">  </div>		
		Signature of Physician <i>Wm C Scott</i>		
		Address <i>Hagerstown</i>		
Accident or Suicide?				



Name
in
Full

Otho Leakins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct-</i>	Day <i>1</i>	Age <i>93</i> ^{Years}	Months <i>3</i> Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Buckeystown Md</i>		
Occupation <i>Laborer</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Dead</i>				
Father's Name <i>Leakins</i>	Father's Birthplace <i>Buckeystown Md</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Joseph Leakins</i>	How related to deceased <i>Son.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>177</i>
Immediate <i>Dropsy and heart failure</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. Howell Garton</i>
	Address <i>Sharpsburg Md</i>
Accident or Suicide?	

Eugene Markes.
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Oct.	27	Age 26			
Sex	Female		Color or Race	White		Birth-place	Martinsburg, W. V.
Occupation	Housework			Where Residing if not at place of death		Charlton, Md	
Married, Single or Widowed	Married		Name of Wife or Husband		Wm. H. Leasure		
Father's Name	Davis				Father's Birthplace	don't know	
Mother's Maiden Name	Mariah				Mother's Birthplace	don't know	
Name of person giving information	Wm. H. Leasure				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	One year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Thos. Roase	
		Address	
		Lagerstown, Md.	
Accident or Suicide?			

J. F. Krebs
St. Pauls

Wadentaker
interment

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Josiah Leatherman</i>		Town <i>near Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died Date of death <i>1905</i>		Month <i>10</i>	Day <i>16</i>	Age <i>73</i>	Years <i>73</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sarah Leatherman</i>					
Father's Name <i>Daniel Leatherman</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Christiana Warrumfeltz</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Alvey Leatherman</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

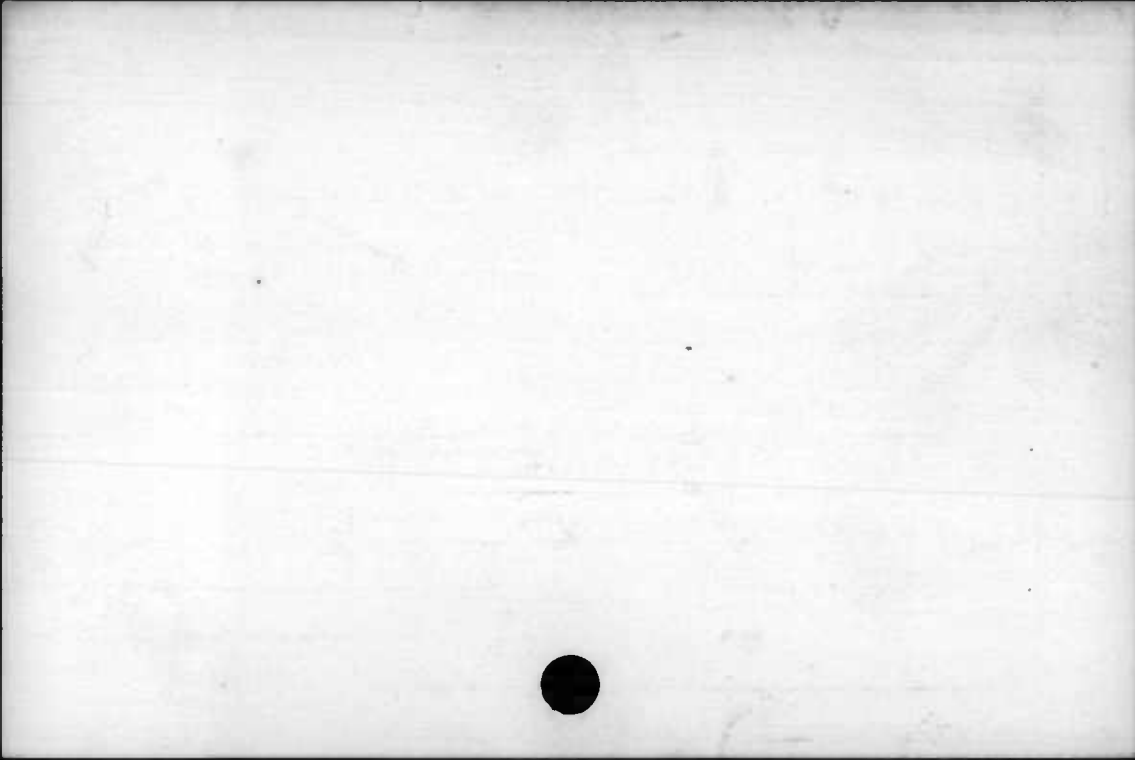
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Catharine Lesher</i>		Town <i>Bringerton</i>		County <i>Franklin Pa</i>		MARYLAND	
Died at <i>Bringerton</i>		Month <i>Oct.</i>		Day <i>28th</i>		Years <i>55</i>	
Date of death <i>1905</i>		Months <i>7</i>		Days <i>5</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bringerton</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Bringerton</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jacob Lesher</i>		Father's Birthplace <i>Antium Lupa</i>					
Mother's Maiden Name <i>Newcomer</i>		Mother's Birthplace <i>near Gettysburg</i>					
Name of person giving information <i>J. B. Gulland</i>		How related to deceased <i>Physician</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of cervical gland</i>		How long <i>Six months</i>	
Immediate <i>Asphyxia</i>		How long <i>immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Gulland</i>	
Buried at <i>Miller's Church Maryland</i>		Address <i>Greencastle Penna</i>	
Accident or Suicide?			



Name
in
Full

Clarence Edward Socks.

CERTIFICATE OF DEATH

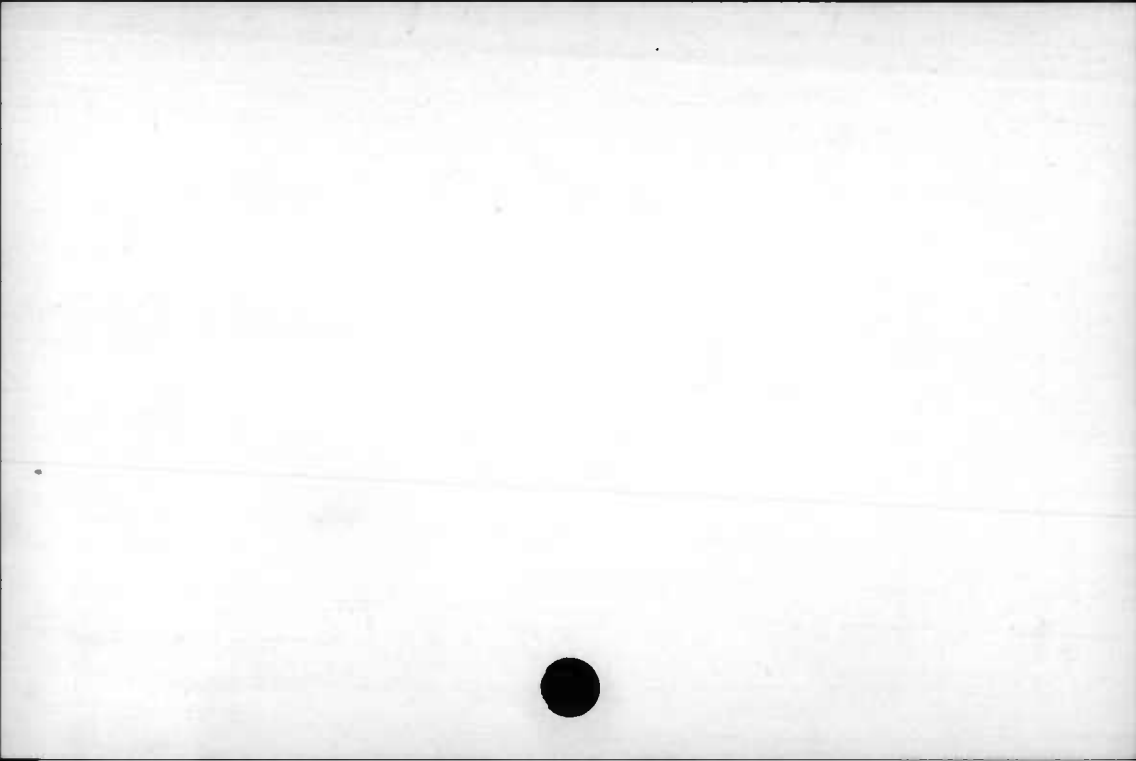
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bagers town		County Wash		MARYLAND						
Date of death		190	5	Month 10	Day 1	Age	Years —	Months 1	Days 21			
Sex		male		Color or Race		white		Birth- place		md.		
Occupation						Where Residing if not at place of death						
Married, Single or Widowed						single				Name of Wife or Husband		—
Father's Name						John Socks				Father's Birthplace		md.
Mother's Maiden Name						Rose Shank				Mother's Birthplace		"
Name of person giving In formation						John Socks				How related to deceased		father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		(151) ✓		How long	
Immediate		Marasmus		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Chas B Boyle	
		Address		Bagers town	
Accident or Suicide?					



Name
in
Full

Florence Marks

CERTIFICATE OF DEATH

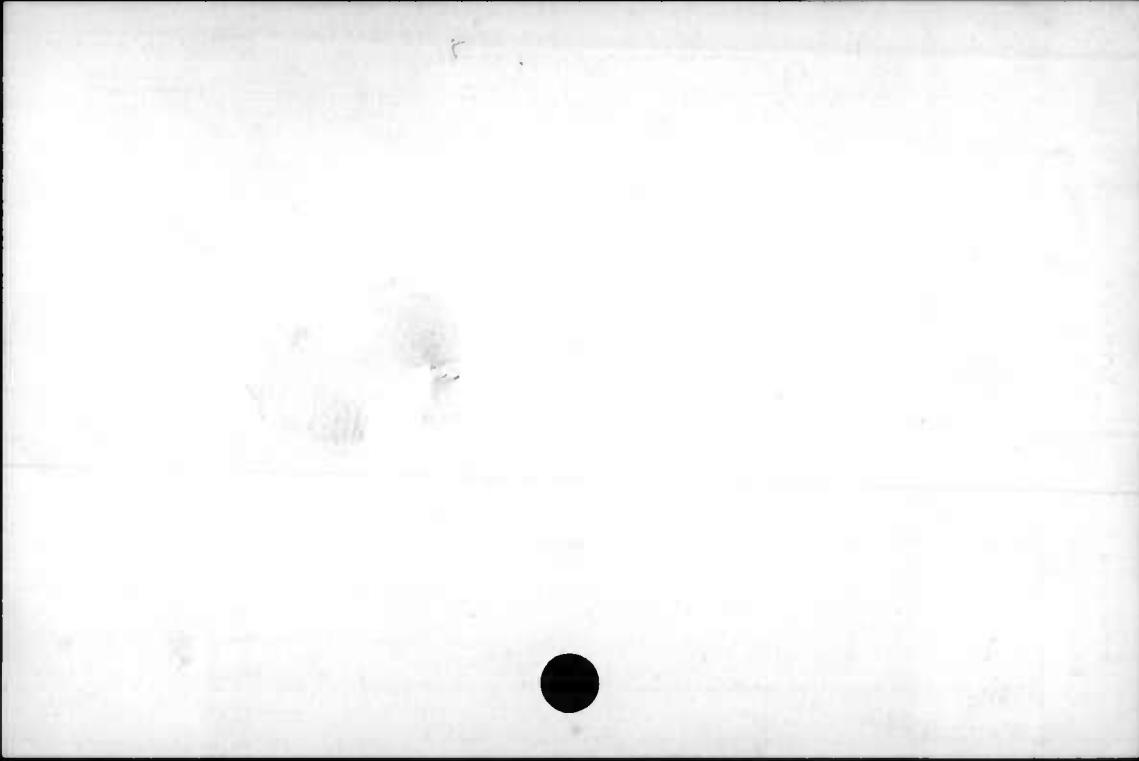
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hancock		County Washington		MARYLAND	
Date of death	1905	Month Oct	Day 13	Age 34	Years	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Morgan Co. Va
Occupation	Housewife			Where Residing if not at place of death Hancock			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry Marks					Father's Birthplace	Morgan Co Va
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	Bert Marks					How related to deceased	Bro

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Failure		How long
Immediate	Yes		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Martin Jenkins
	Address		Undertaker Hancock Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Clyde Elizabeth Marrow		Town		County		Died at		Maryland					
Date of death		1905		Month		Day		Age		Years		Months		Days	
Sex		Female		Color or Race		White		Birth-place		Sharpsburg					
Occupation				Where Residing if not at place of death											
Married, Single or Widowed		Married		Name of Wife or Husband		Clarence Marrow									
Father's Name		Wm J Heighbarger		Father's Birthplace		Sharpsburg									
Mother's Maiden Name		Ann Mary Benner		Mother's Birthplace		"									
Name of person giving information		Clarence Marrow		How related to deceased		Husband									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Several yrs.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		E. M. Guntz	
		Sharpsburg, Md.	
Accident or Suicide?			

Eugene Markes
Undertaker.

Name
in
Full

Rachel Rebecca Marshall

CERTIFICATE OF DEATH

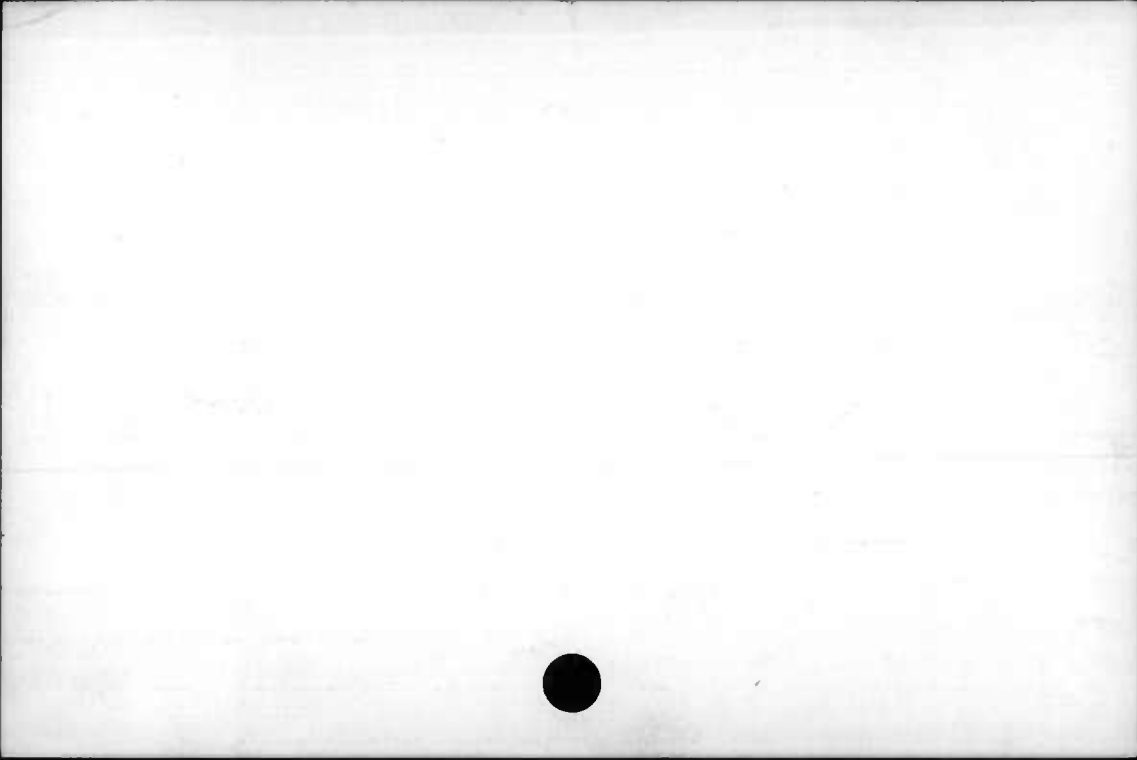
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trego</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1905</i> Year	<i>Oct</i> Month	<i>31</i> Day	<i>36</i> Years	<i>9</i> Months
<i>Female</i> Sex		<i>white</i> Color or Race		<i>Kudysville</i> Birthplace	
<i>Housewife</i> Occupation		<i>Home</i> Where Residing if not at place of death			
<i>Single</i> Married, Single or Widowed		<i>Jacob M Marshall</i> Name of Wife or Husband			
<i>Geo. W. Holmes</i> Father's Name		<i>Brownsville Md</i> Father's Birthplace			
<i>Rachel Mobley</i> Mother's Maiden Name		<i>Penn.</i> Mother's Birthplace			
<i>Jacob M Marshall</i> Name of person giving Information		<i>Husband</i> How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<i>Pulmonary Tuberculosis</i> Primary		<i>about 4 mo.</i> How long	
<i>Exhaustion</i> Immediate		How long	
<i>yes, so</i> Are the name, age, sex, color, date and place correctly given above?		<i>Arthur L Blessing</i> Signature of Physician	
<i>yes as I know</i>		<i>Brownsville Md</i> Address	
<i>No</i> Accident or Suicide?			



Name

in
Full

Laura Miller

CERTIFICATE OF DEATH

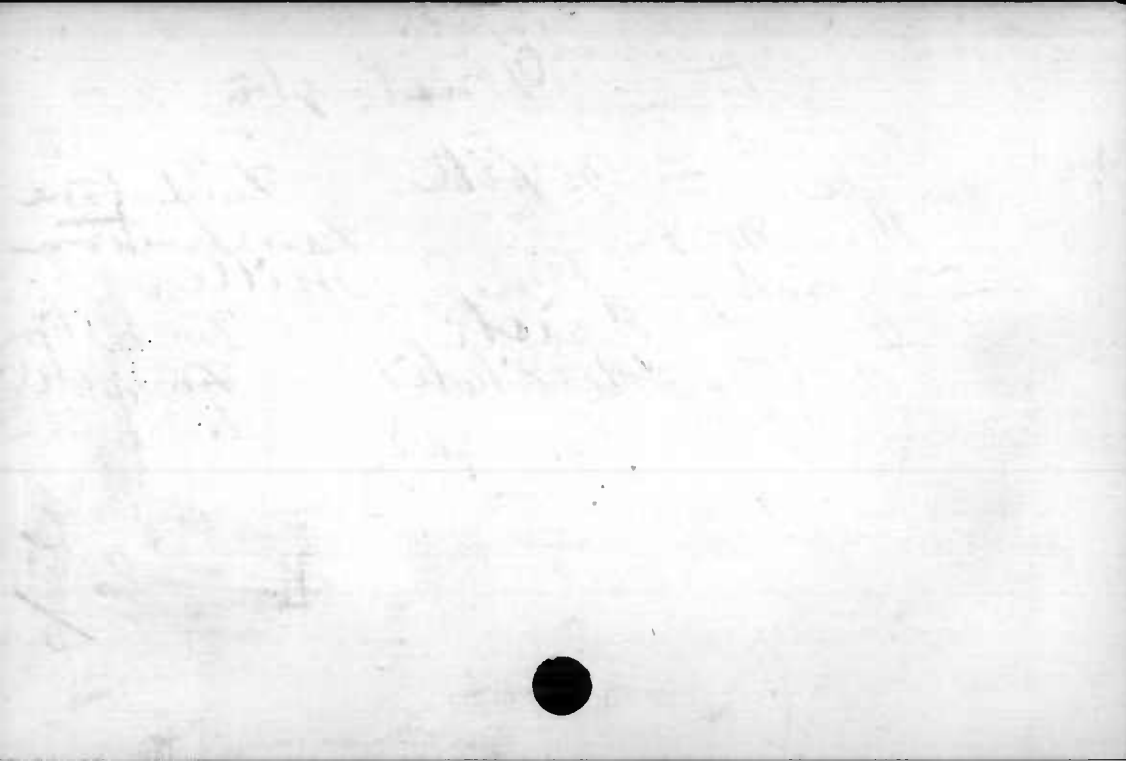
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Funkstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1905</i> <i>Oct</i> Month		<i>6</i> Day	Age <i>55</i> Years	<i>5</i> Months	<i>6</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Funkstown</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Funkstown</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs. L. Miller</i>				
Father's Name <i>Georg. Erick</i>			Father's Birthplace <i>Funkstown</i>		
Mother's Maiden Name <i>Batterman, Nicholas</i>			Mother's Birthplace <i>Fredrick</i>		
Name of person giving information <i>Mrs. L. Miller</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic & Hard Disease</i>	How long <i>six years</i>
Immediate <i>Paralysis of the lungs</i>	How long <i>half a day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. F. M. Newcomb</i>
	Address <i>Funkstown, Md.</i>
Accident or Suicide?	



Name
in
Full

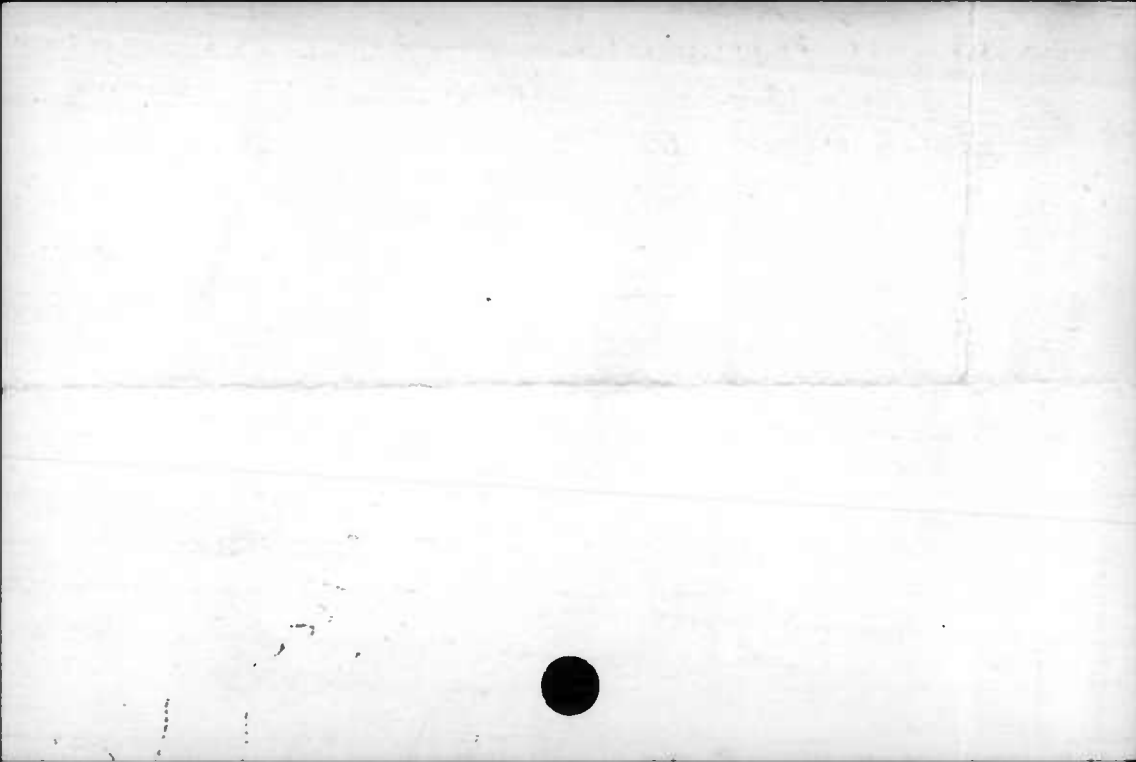
CERTIFICATE OF DEATH

Died at <i>Robtmsville</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1905</i> <i>10</i> Month <i>12</i> Day		Age <i>65</i> Years		<i>15</i> Months <i>15</i> Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Robtmsville</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Cyrus Kears</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John A Mullandore</i>				
Father's Name <i>Samuel Bealor</i>	Father's Birthplace <i>Robtmsville</i>				
Mother's Maiden Name <i>Elizabeth Huffer</i>	Mother's Birthplace <i>Robtmsville</i>				
Name of person giving information <i>Samuel Mullandore</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>Unknown</i>
Immediate <i>Bronchitis & Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas E Denny</i>
<i>I believe they are</i>	Address <i>405 N. Greene St. Baltimore Md</i>
Accident or Suicide? <i>—</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

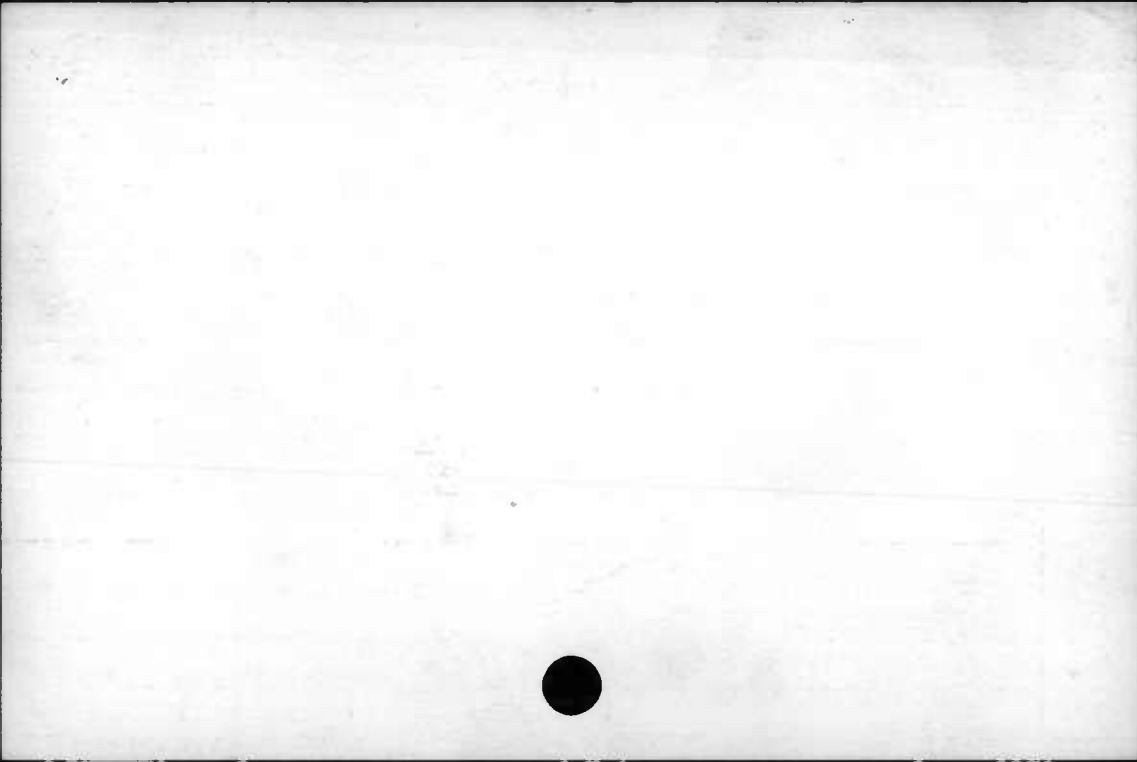
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Two Leeks</i> Town		<i>Newbury (M.M.)</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>10</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Tunis F Newkirk</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Jane Ruback S.</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>—</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Polyhydramnios</i>	How long	<i>—</i>
Immediate	<i>Suffocation</i>	How long	<i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. J. Mason M.D.</i>		
	Address <i>Cleonspring md</i>		
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

11/21/14

Mrs. Isabella Reamer

Town **Hagerstown** County **Wash.** MARYLAND

Died at **Hagerstown**

Date of death 1905 **10** Month **16** Day Age **83** Years Months **—** Days **—**

Sex **Female** Color or Race **white** Birth-place **Md.**

Occupation **H. W.** Where Residing if not at place of death **—**

Married, Single or Widowed **widow** Name of Husband **John S. Reamer**

Father's Name **Geo. W. Bowman** Father's Birthplace **Md.**

Mother's Maiden Name **Mary C. Strite** Mother's Birthplace **"**

Name of person giving information **Pyman Reamer** How related to deceased **son**

CAUSES OF DEATH

Primary **Accidental Asphyxiation from illuminating gas** How long **—**

Immediate **Asphyxiation** How long **—**

Are the name, age, sex, color, date and place correctly given above **yes**

Signature of Physician **J. B. Pitsurgle**

Address **Hagerstown, Md.**

Accident or suicide? **(over)**

Asphyxiation occurred from a leaking gas pipe or jet it had a
gas stove tube attached to it. In turning the cock for
stove accidentally turned on gas jet.

Information received Nov. 23rd 1905 (M.P.)

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1905		Oct		2		3	
Sex		Color or Race		Birth-place			
Male		Negro		Md			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Albert A Reed		Md					
Mother's Maiden Name		Mother's Birthplace					
Elenore Pyle		Md					
Name of person giving Information		How related to deceased					
Father		(108)					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Intestinal Obstruction		3 days	
Immediate		How long	
Exhaustion			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. O. Perry M.D.	
		Address	
		Clearspring Md	
Accident or Suicide?			

19 June

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harry Raymond Renner		Town Hagerstown		County Wash.		MARYLAND	
Died at Hagerstown		Month 10		Day 21		Years 1	
Date of death 1905		Month 10		Day 21		Age 1	
Sex male		Color or Race white		Birth-place Md.		Months —	
Occupation —		Where Residing if not at place of death —		Days 24			
Married, Single or Widowed single		Name of Wife or Husband —		Father's Birthplace Md.		Mother's Birthplace "	
Father's Name Otho Renner		Mother's Maiden Name Fallie Keyser		How related to deceased father			
Name of person giving information Otho Renner							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Indigestion	How long 104
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician D. S. Sterman
	Address Hagerstown Md.
Accident or Suicide?	

Broadway

- - -

-



-

Name
in
Full

CERTIFICATE OF DEATH

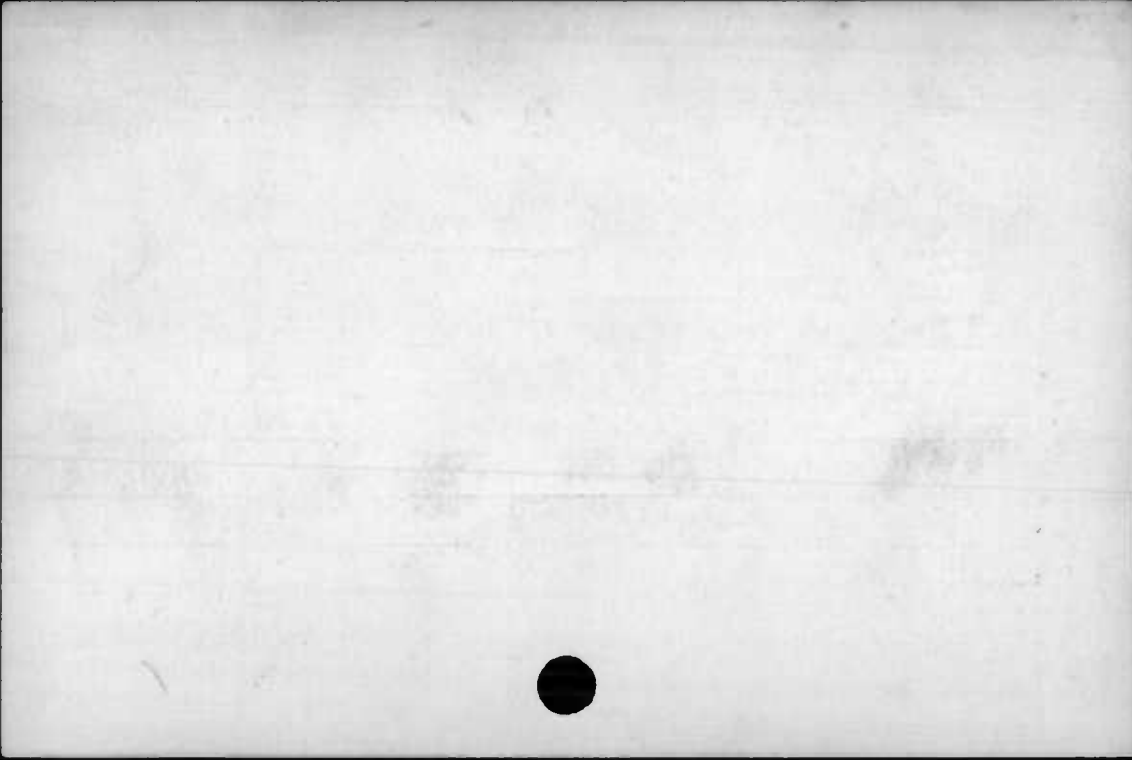
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jessie Estelle Benner</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>10</i>		Day <i>17</i>		Years <i>23</i>	
Date of death <i>1905</i>		Month <i>10</i>		Day <i>17</i>		Age <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>9</i>	
Occupation <i>Shining Mill</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Gonas Benner</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Eliza C. Spielman</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Gonas Benner</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>11 months</i>	
Immediate <i>Exhaustion</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Ben- M.D.</i>	
Address <i>Hagerstown, Md.</i>		Accident or Suicide? <i>no</i>	



Name
in
Full

Cara A. Resley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <i>Hancock</i> Town		<i>Wilton</i> County		<i>Penning</i> <u>MARYLAND</u>	
Date of death <i>1900</i> Month <i>Oct.</i> Day <i>23</i>	Age <i>78</i>	Months <i>6</i>	Days <i>5</i>		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Artist</i>	Where Residing if not at place of death <i>Died at home.</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>John Resley</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Drissley</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Gertrude Royce</i>	How related to deceased <i>Niece</i>				

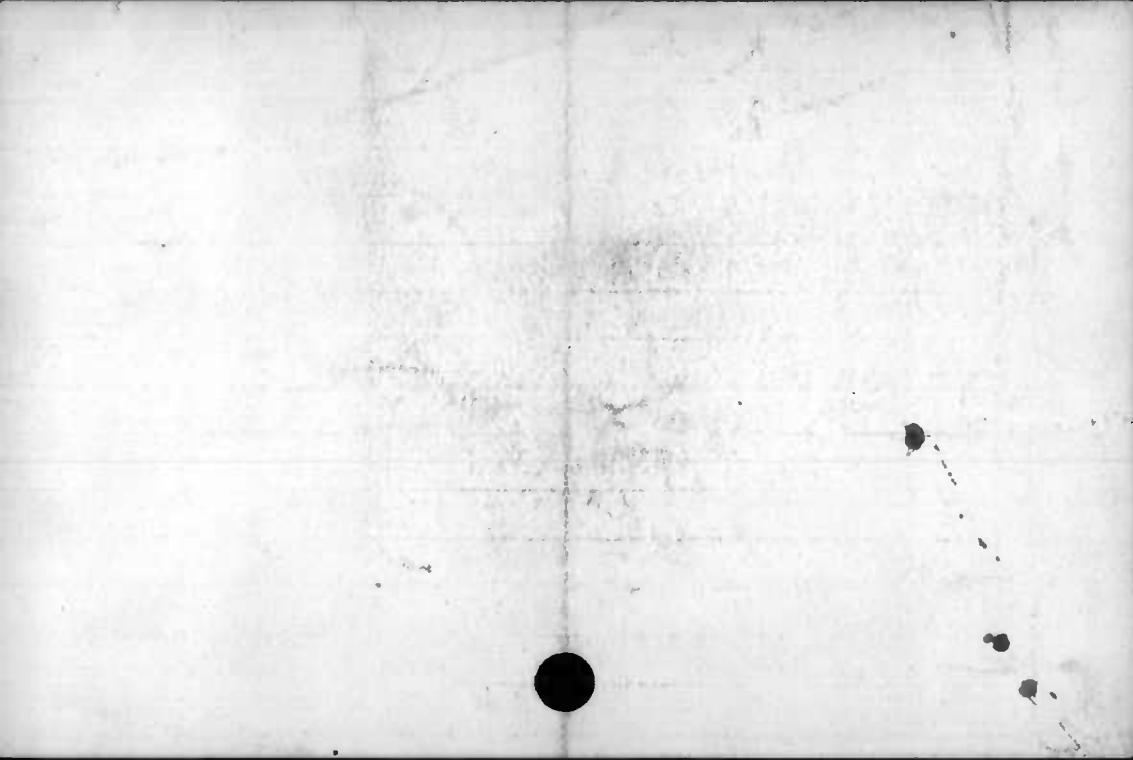
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. E. Fisher</i>
	Address <i>Harfordburg Pa</i>
Accident or Suicide?	

Dr Fisher

Name in Full		Gustavus Adolphus Richardson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hagastowne		County Washington		MARYLAND
	Date of death		1905	Month Sept	Day 1	Age 58.	Months 7
	Sex		male		Color or Race white		Days 5 Jan
	Occupation		Physician		Birth-place Capen Springs		
	Where Residing if not at place of death		Hyattsville Md				
	Married, Single or Widowed		Married		Name of Wife or Husband Sallie A. Richardson		
	Father's Name		X. J. Richardson		Father's Birthplace Virginia		
	Mother's Maiden Name		Mary A. Shank		Mother's Birthplace W. Va		
Name of person giving information		W. Richardson M.D.		How related to deceased Brother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Nervous Prostration			How long Six months	
	Immediate		Heart Failure			How long Sudden.	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician W. Richardson M.D.		
	Address		Sallie A. Richardson			Williamport Md.	
Accident or Suicide?							



Name
in
Full

Jerry Garfield Rose

CERTIFICATE OF DEATH

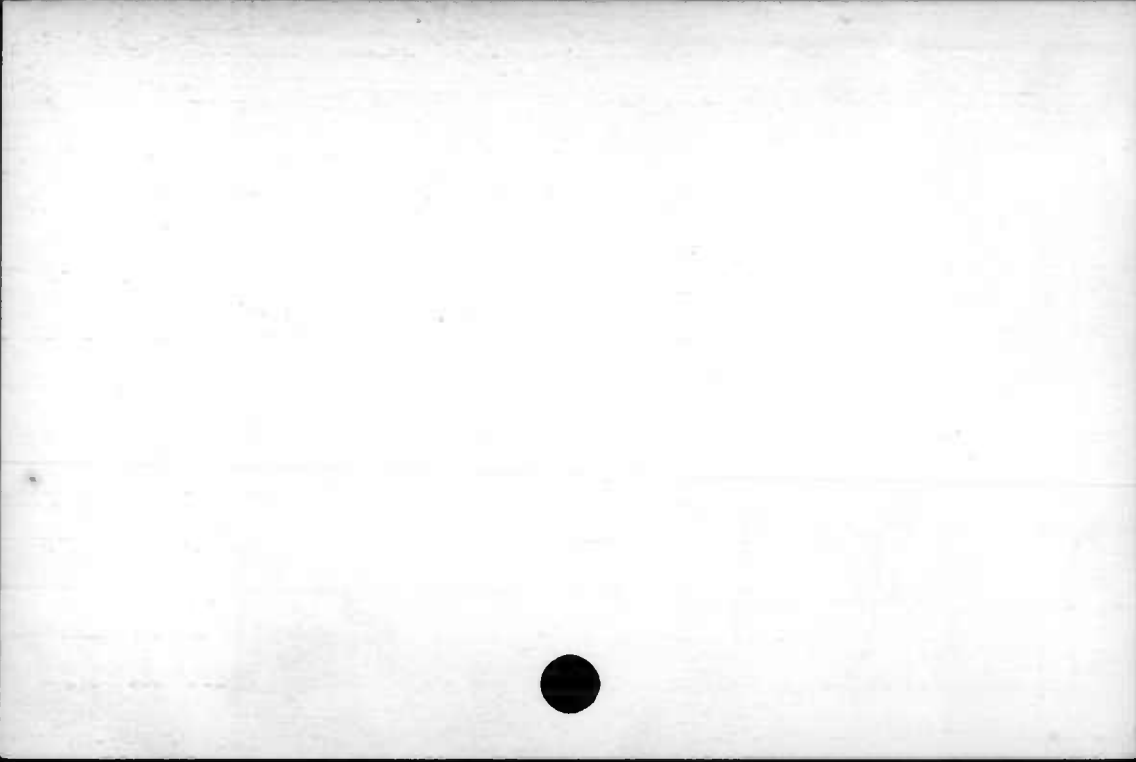
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Eckles Mills</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Month} <u>Oct-</u> ^{Day} <u>25</u> ^{Years} <u>21</u> ^{Months} <u>—</u> ^{Days} <u>—</u>		Age <u>21</u>			
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>	
Occupation <u>Porter</u>		Where Residing if not at place of death <u>—</u>			
Married ^{Single}		Name of Wife or Husband <u>—</u>			
Father's Name <u>Thomas Rose</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Malinda Arch</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>G.W. Clark</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>About 8 mos.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. M. Garrett</u>	
		Address <u>Pharmington, Md</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Jacob Sachs

CERTIFICATE OF DEATH

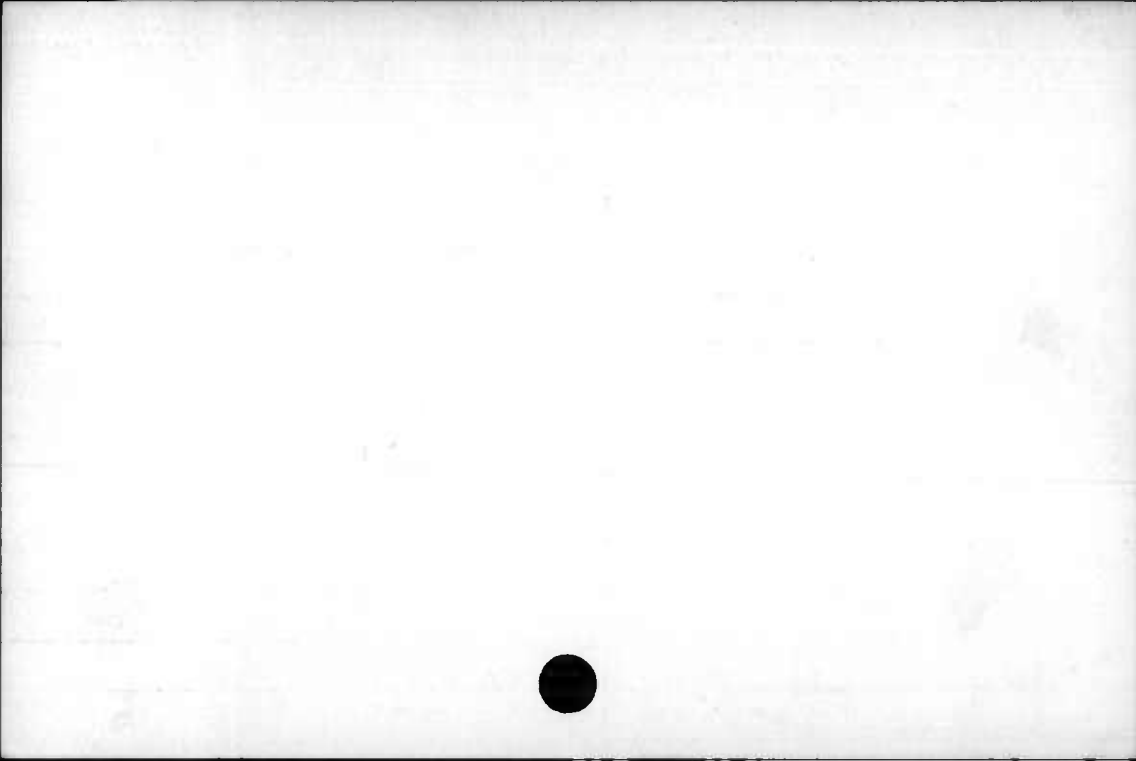
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Middlestone</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	<u>1900</u>	Month <u>10</u>	Day <u>28</u>	Age <u>58</u>	Years <u>7</u> Months <u>8</u> Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Prussia</u>		
Occupation <u>Merchant</u>	Where Residing if not at place of death <u>Died at Home</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Fannie Sachs</u>				
Father's Name <u>Mathias Sachs</u>	Father's Birthplace <u>Prussia</u>				
Mother's Maiden Name <u>Sarah Sachs</u>	Mother's Birthplace <u>"</u>				
Name of person giving Information <u>Harry Sachs</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Effect of grippe</u>	How long	<u>4 mo.</u>
Immediate	<u>asphyxia</u>	How long	<u>10</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. G. Howard Fiquier</u>		
	Address <u>114 Howard St. Md.</u>		
Accident or Suicide?			



Name

in
Full

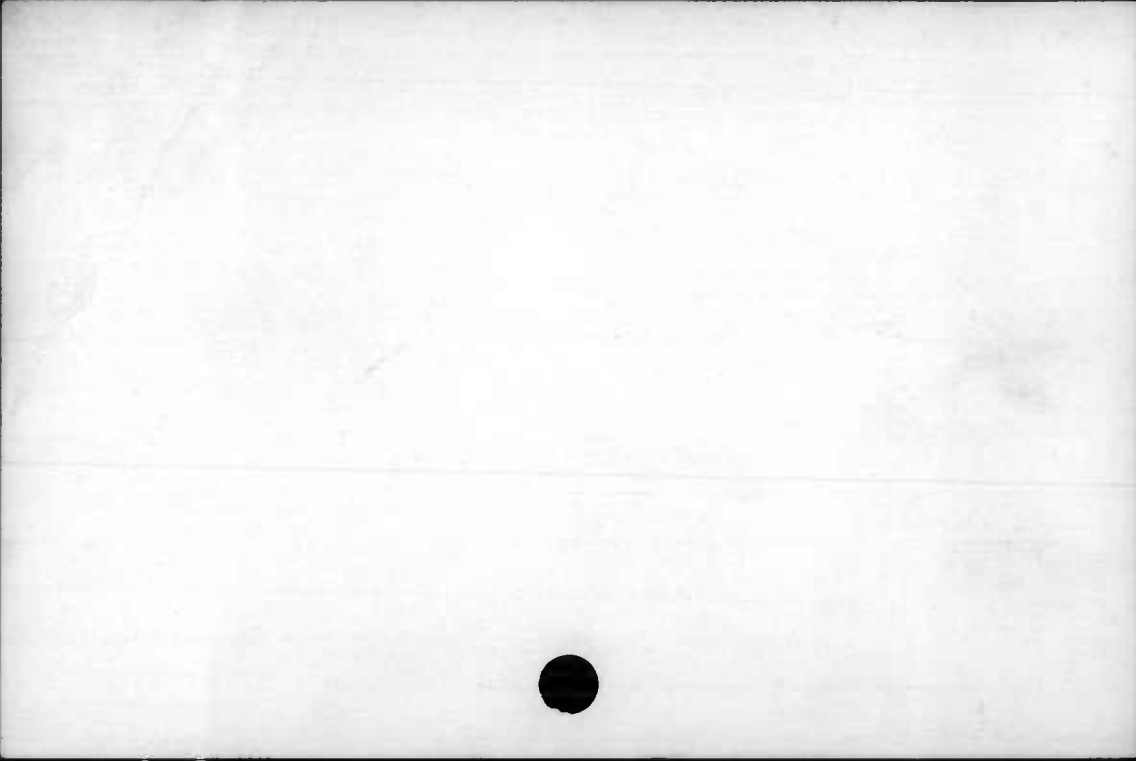
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		10	28	71	—	26	
Sex	male	Color or Race	white		Birth-place	Germany	
Occupation	Retired Farmer			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband		Susanne A Schmidt		
Father's Name	John Schmidt				Father's Birthplace	Germany	
Mother's Maiden Name	Catherine				Mother's Birthplace	"	
Name of person giving information	Mrs. G. Schmidt				How related to deceased	wife	

CAUSES OF DEATH

Primary	Disease of Liver		How long	Several months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			J. M. V. Scott	
			Address	
			Hagerstown	
Accident or Suicide?				



Name
in
Full

Elmer Leroy Smith

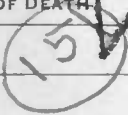
CERTIFICATE OF DEATH

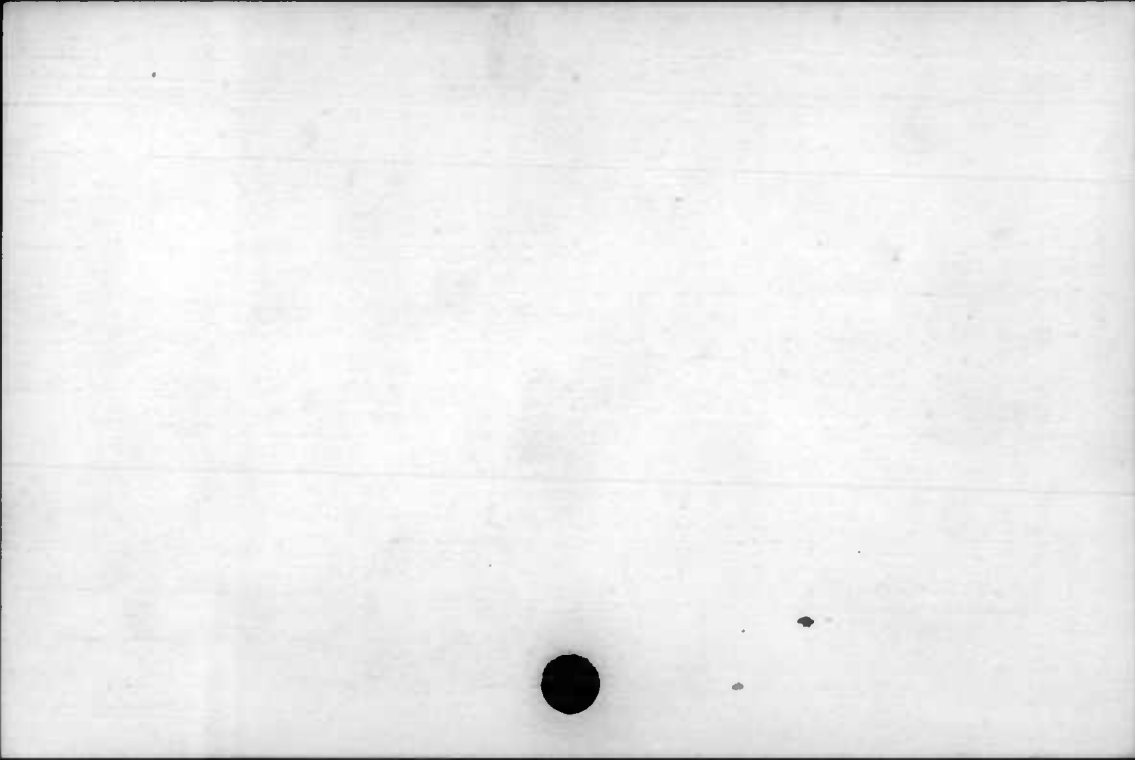
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rohrersville</i> <small>Town</small>		<i>Clark</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>10</i> <small>Month</small>	<i>11</i> <small>Day</small>	<i>15</i> <small>Age</small>	<i>6</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Rohrersville</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Smith</i>			Father's Birthplace <i>Rohrersville</i>		
Mother's Maiden Name <i>Cora Stackslager</i>			Mother's Birthplace <i>Funkstlerin</i>		
Name of person giving information <i>Thomas R. Smith</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>15</i> 	How long
Immediate	<i>Inanition</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>C. D. Baker M.D.</i>
		Address <i>Rohrersville Md.</i>
Accident or Suicide?		



Name
in
Full

Harry Martin Smith

CERTIFICATE OF DEATH

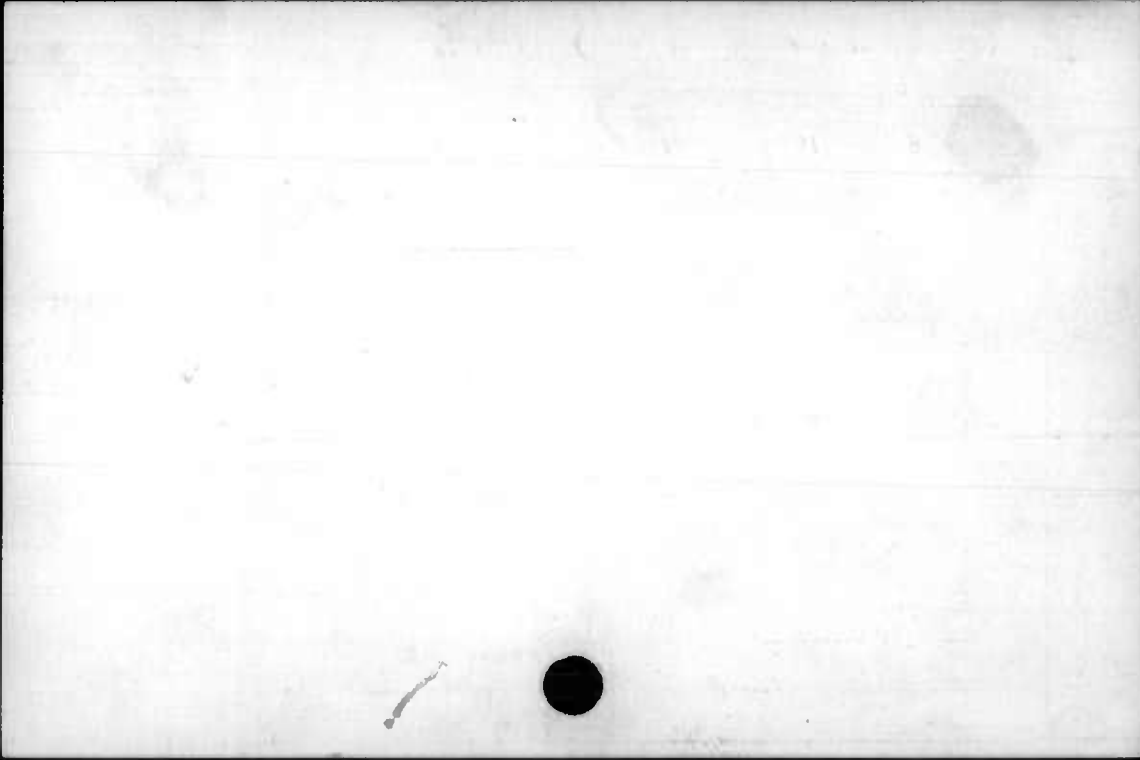
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frankstown</u> ^{Town}		<u>County</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>9</u>	Years <u>15</u>	Months	Days <u>4</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Frankstown</u>	
Occupation			Where Residing if not at place of death		
Married, Single or <u>Widowed</u>		Name of Wife or Husband			
Father's Name <u>Charles W Smith</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Elizabeth Harbaugh</u>			Mother's Birthplace <u>Harbaugh Val</u>		
Name of person giving Information <u>H W Smith</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>9 weeks</u>
Immediate <u>General Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. F. P. Newcomb</u>
	Address <u>Frankstown, Md.</u>
Accident or Suicide?	



Name
in
Full

Mrs. Mary C. Sowers. 11/21/51

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Hagerstown ^{County} Wash.Date of death 1905 ^{Month} 10 ^{Day} 16 ^{Age} 74 ^{Years} ^{Months} 5 ^{Days}Sex Female ^{Color or Race} white ^{Birthplace} Md.^{Occupation} H. W. ^{Where Residing if not at place of death}^{Married, Single or Widowed} married ^{Name of Husband} Peter Sowers.^{Father's Name} Geo W. Bowman ^{Father's Birthplace} Md.^{Mother's Maiden Name} Mary C. Strite ^{Mother's Birthplace}^{Name of person giving information} Peter Sowers ^{How related to deceased} husband.

CAUSES OF DEATH

^{Primary} Accidental Asphyxiation from illumination gas.^{Immediate} Asphyxiation

Are the name, age, sex, color, date and place correctly given above?

yes

^{Signature of Physician}^{Address}J. E. Pitsenogle
Hagerstown,
Md.

Accident or Sudden?

Asphyxiation seemed from a leaking gas pipe or jet: it had
a gas stove then attached to it! on turning the cock on
for stove accidentally turned on gas jet

Information entered Nov. 23rd 1885 (M.L.P.)

Chewersbury.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Frank Douglas Stanley* Town *Shelton* County *Harrison* State *MARYLAND*

Died at *Shelton*

Date of death 1905 *10* Month *25* Day *15* Years *9* Months *2* Days

Sex *Male* Color or Race *White* Birthplace *Sheltonstown*

Occupation *Farm Hand* Where Residing if not at place of death

~~Married, Single~~ *Francis M Stanley* Name of Wife or Husband

Father's Name *Francis M Stanley* Father's Birthplace *Berkley Co*

Mother's Maiden Name *Margaret Calahan* Mother's Birthplace *Jefferson Co*

Name of person giving information *F M Stanley* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute inflammation of bowels* How long *Between 3 and 4 days*

Immediate *Acute Peritonitis* How long *106*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S. Howell Gardner*

Address *Shelton Md*

Accident or Suicide?

Eugene Markers
Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

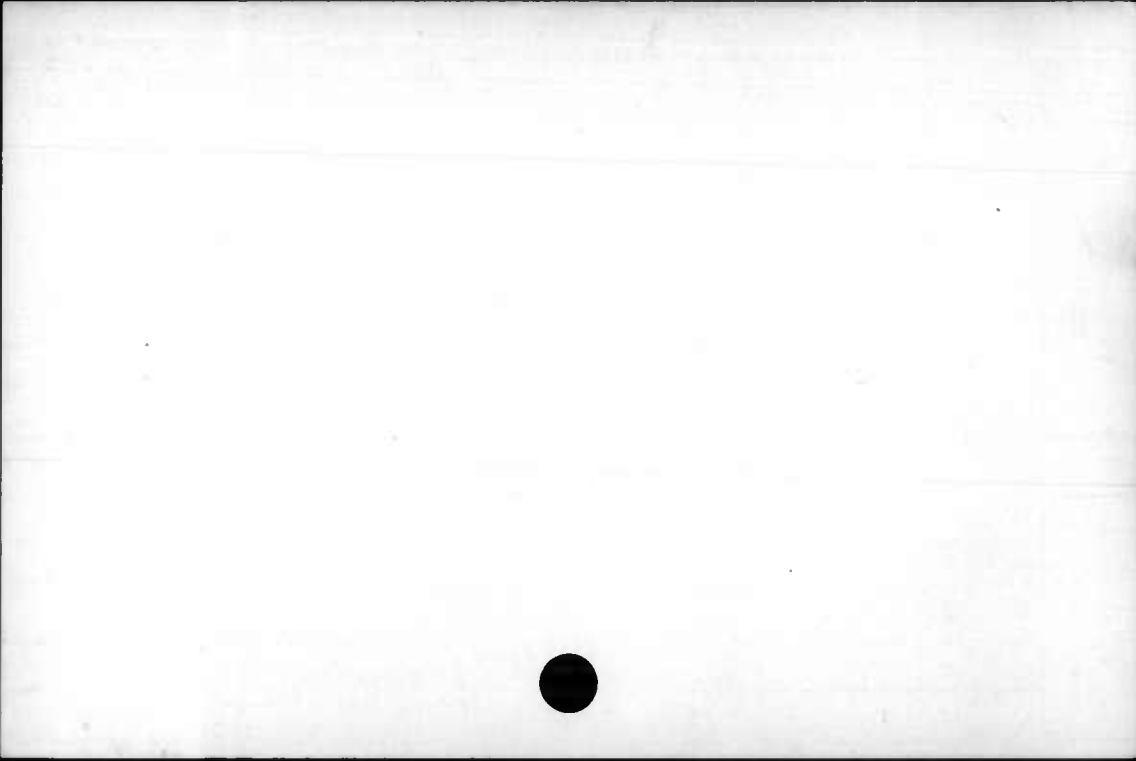
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Hancock</i> ^{Town} <i>Was</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>October</i>	Day <i>11</i>	Age <i>93</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Harpers ferry</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Near Hancock</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Jane Yonker</i>		
Father's Name <i>Not known</i>	Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>		
Name of person giving Information <i>Mary Jane Swann</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i> <i>(154)</i>	How long <i>Indefinite</i>
Immediate <i>Exhaustion</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. West</i>
	Address <i>Hancock Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Frank R. Zimmerman

CERTIFICATE OF DEATH

Died at ^{Town} Mountain Rock ^{County} Washington

MARYLAND

Date of death 1905 ^{Month} Oct ^{Day} 30 ^{Years} Age 68 ^{Months} 6 ^{Days} 24Sex Male ^{Color or Race} White ^{Birth-place} SharpsburgOccupation Rock Trench canal ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Mary Zimmerman

Father's Name John Zimmerman

Father's Birthplace

Mother's Maiden Name Miss Stevenson

Mother's Birthplace Cove Town

Name of person giving Information Henry Schornel

How related to deceased Brother in law

CAUSES OF DEATH

Primary General debility

How long

Immediate Paralysis

How long

Short time

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

D. Howell Gardner

Address

Sharpsburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chas. E. Wade,
Undertaker

Name
in
Full

Bernard Lynn Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cavelltown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>10</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age	<i>5</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Leaden Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Jos L Wolf</i>			Father's Birthplace <i>Cavelltown</i>		
Mother's Maiden Name <i>Mary Martha Beck</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Jos Wolf</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>Several Days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. Protzman M.D.</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	

